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Procedures for Identifying Problem Drinkers

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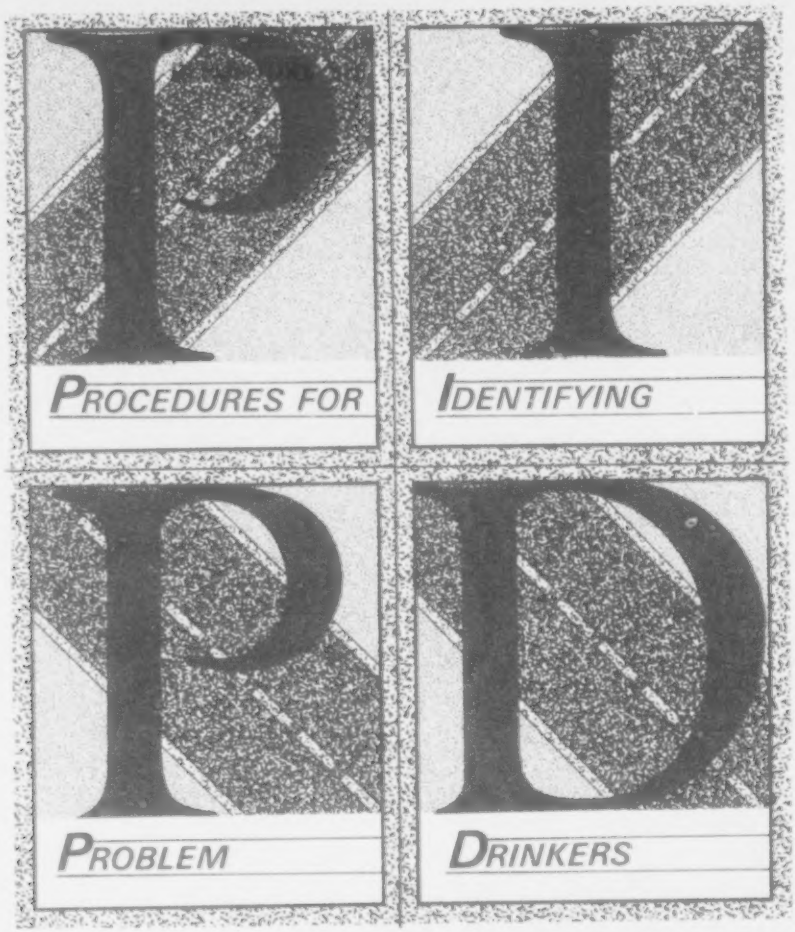

A Screening and Assessment Package for Courts and Treatment Agencies

A Self-Instructional Guide

U.S. Department of Transportation
National Highway Traffic Safety Administration
Washington, DC

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The range of their expertise and field experience provided insight into the use of the procedures which combined the practical and the possible. Their participation does not imply an endorsement of the final content of the Guide, which is the responsibility of the Department of Transportation and of Professional Management Associates, Inc.

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Introduction

The Procedures for Identifying Problem Drinkers (PIPD) is a screening and assessment package designed to determine the existence and degree of a drinking problem. More familiarly, it is known as the Mortimer-Filkins test, after the developers of the testing instruments used in the procedures. The PIPD was developed by the U.S. Department of Transportation's National Highway Traffic Safety Administration (DOT/NHTSA) for use in pre-sentence investigations (PSI). Since 1972 it has proven to be the most effective screening and assessment instrument of its kind.

In 1980, DOT/NHTSA developed a special package to train staff in the use of the PIPD. It was designed to be used in instructor-led workshops. In 1982 a corps of trainers was prepared to present these workshops, and this was successfully done on the State and regional levels.

However, the rising cost of travel to workshop sites and the difficulties of freeing staff to attend prevented many jurisdictions from participating. In response to their needs DOT/NHTSA commissioned the development of materials which could provide this training without the need of an instructor. In addition, the material was intended to be useful in informing others of the uses of the PIPD who did not need to be trained to administer it, such as judges and prosecutors. This Guide, and its accompanying pamphlet and brochure, is the result of that effort.

The Guide is directed primarily for use in pre-sentence investigations, but is easily adaptable to other contexts. It is primarily intended to be used by individuals studying it alone, either onsite or at home. It can also be used to train small groups, and to inform nontraining audiences. The only physical requirements for using it are a copier to reproduce printed practice materials from this Guide, and about 4 hours to complete the training process.

READEX FICHE best copy available

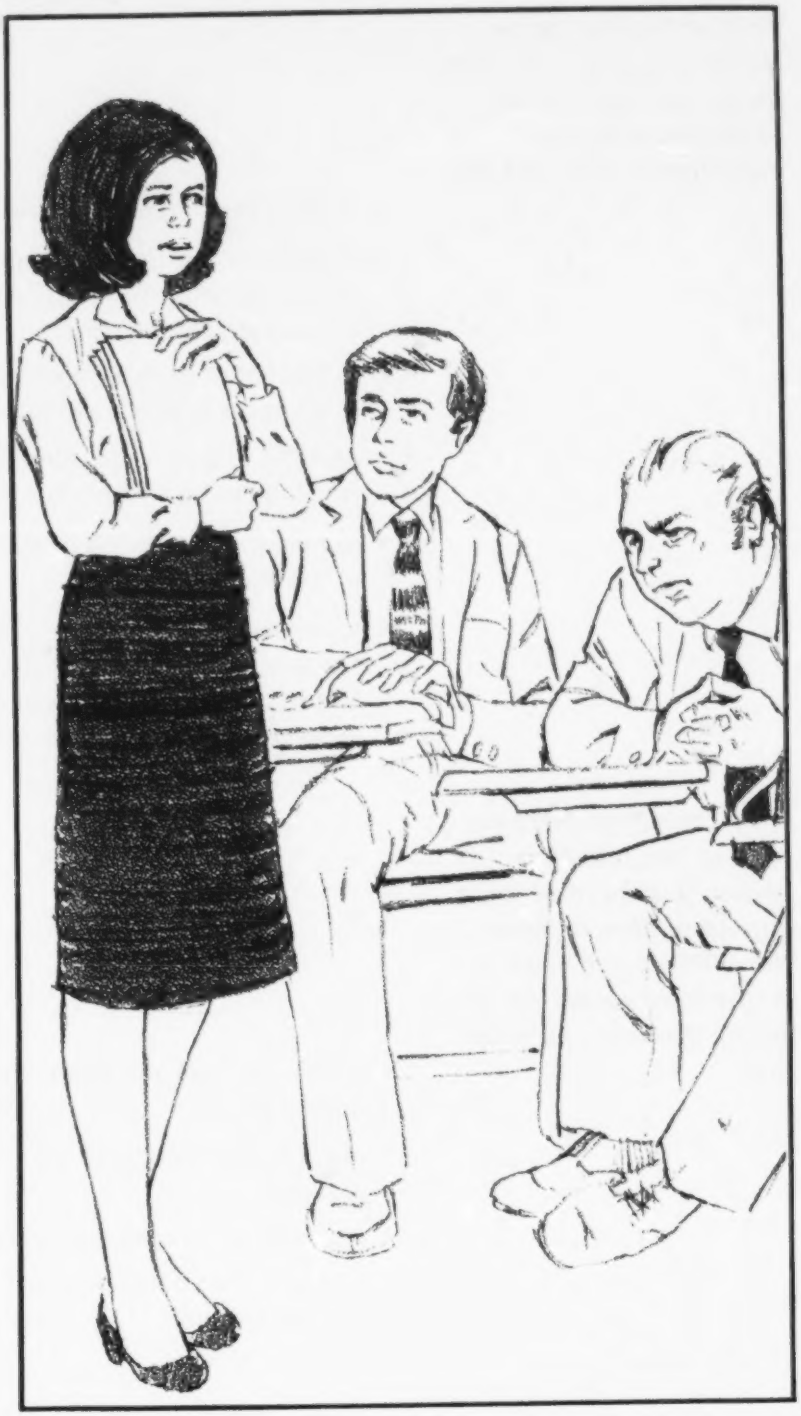
As a self-instructional aid for adult learners, the Guide is designed to be:

Practical	It provides a useful tool to meet real needs.
Participatory	It is interactive, requiring the learners to respond at every stage of the training. Learners are required to analyze a dramatized drunk driving case presented in a case study. In this process they are tested on their mastery of the technical information, then required to use that information in completing case study practice tasks. The learning is cumulative, with the activities in one section based on the learning from previous sections.
Synergistic	It requires learners to master a recommended procedure, but it also presents options, variations, and alternative interpretations of those procedures drawn from the experiences of real users of the PIPD. From this broad base, the learners are invited to relate the PIPD to their own previous experience in similar situations, and to their knowledge of the real-life needs of their own organizations and communities. The result is open-ended learning.
Rewarding	It is intended to be enjoyable. It involves the learners both intellectually and emotionally. Intellectually, they are required to learn, use, and evaluate the PIPD. Emotionally, they are challenged by the human drama presented in the case study.

This case, involving a young driver named Michael Rainey, has much of the appeal of a mystery. As learners use each part of the PIPD in sequence, they learn more about Rainey as a person, and are led to reconsider and reevaluate his drinking problem. The case proceeds from doubt and ambiguity to certainty—or at least to greater certainty.

In this way, the Guide provides more than instruction and information. It reminds the learners that working with alcoholism and alcohol abuse truly means working with mystery—the mystery of human motivation, of contradiction and denial, of conflicting evidence and questionable assumptions. It prepares them to serve the troubled drinker, the health and legal systems, and the society, using the best methods available to resolve the situation and make the best possible determination. The Guide provides them with an excellent tool for doing that—the PIPD.

Administrator's Guide



This self-instructional Guide provides you with many options and advantages as an administrator. You can use it

- to *train* staff on any administrative level.
- to *inform* other audiences of the PIPD and how you are using it to improve the quality of your program, using the accompanying pamphlet and brochure.
- to *train* staff at their worksites, so that they do not have to travel to attend training sessions.
- as *self-instruction,* to adapt it to *group instruction* led by facilitators and trainers for greater control of the process.
- to *refresh the training* of staff previously trained in the use of the PIPD.
- to *motivate* your staff, to *renew* their sense of the importance of the service they provide to the problem drinker and to the community, and to *provide* your program with an excellent tool for high-quality, professional service.

If you read the Introduction on the previous pages, you have at least a general idea of what the PIPD is and what it is intended to do. As an administrator, you must now

- decide whether the PIPD can met the needs of your organization.
- plan how to initiate its use and inform related agencies and staff.
- plan and administer the necessary training.
- evaluate the effectiveness of the training and of the PIPD in your program.

Fifteen Steps To Using the PIPD

1 ***Overview: Section I***

Study Section I to decide if you want to train your staff in the use of the PIPD.

Instruction: Sections II to VIII

Read the rest of the Guide. Preferably, study it as if you were a staff member being trained. Take notes on any areas which you find confusing or in conflict with your own procedures.

Evaluate your experience of this training and decide if you want to use this self-instructional Guide to train your staff.

2 ***Background***

If you decide to use the Guide, you may want more background information on the development of the PIPD and on alcoholism screening and assessment in general.

Review Section VII: Followup Activities and the Bibliography, and use those resources if they are available to you.

3 ***Integration***

Plan how to integrate the PIPD in your present system. In addition to using it for screening and assessment, consider how you can use the information it provides to *plan* and *evaluate* your overall program.

Use the accompanying brochure and pamphlet to inform professionals in areas of the health and legal systems which interact with yours, such as judges, prosecutors, treatment agencies, or community groups.

4 *Staff*

Identify the staff to be trained. The Guide may be used to train staff on any administrative level. It is written on a reading level accessible to high school graduates, and comfortable for those with advanced education.

5 *Group Size*

Determine the size of the group to be trained at the same time. The Guide may be used to train individuals or small groups. Individuals or small groups may train by themselves or be led by a trainer or facilitator.

6 *Place*

Decide where the training will be done: in a training room, in an individual office, or at some other site. The Guide may even be used at home.

7 *Time*

Schedule the time needed to complete the Guide. Most people will complete it in 4 hours or less, though some will need more time. The Guide is learner-paced, so individual staff or groups may progress in more or less time, as needed. If necessary, learners may study it in sections, as time is available.

8 *Control*

Decide how much control you want over the training process, depending upon your situation, your staff, and your own management style. Providing more control will demand more administrative time, but may be necessary in some situations.

Using the Guide as self-instruction, either for individuals or groups, allows you the least direct control of the process. However, the Guide has built-in training controls. (See the section titled *How To Use This Guide.*)

The Guide may also be used to train small groups led by a facilitator (such as yourself) or a professional trainer. This allows the training leader to

- control the pace of the training.
- encourage discussion and feedback.
- provide immediate reinforcement and help.
- answer questions.
- assure that the training is being mastered.

For example, the training leader can

- introduce each section.
- lead a group reading of the Case Study dialogue.
- pass out and explain copies of the practice materials and quizzes.
- review the quiz and practice results in a group discussion to assure that the training is being mastered. This process is slower but can help build teamwork and support in using the PIPD.

9 *Materials*

Prepare one set of training materials for each person to be trained.

- Copy all of the Appendices in this manual. (See the special directions for use of the Scoring Keys in Appendix J.)
- If you are training groups, also pull and copy the Practice Task materials, the Case Study pages, and the quizzes from each section. (You may find it easier to get a copy of the Guide for each participant in the group.)

  You may also want to make transparency copies of each of these materials to use on an overhead projector.
- Provide some 8½ x 11 paper, a #2 pencil, a red pencil, and another colored pencil for each person being trained.

10 *Introduction*

Assemble the staff to be trained and explain the purpose of the training.

Explain generally how the training will progress. (Prepare by reviewing the section entitled *How To Use This Guide.* You may also want to make handout copies of those pages.)

11 *Training Options*

You have several options in using the Guide:

- If your training time is limited you may omit the Pretraining and Posttraining Quizzes. These quizzes check the learner's knowledge of the content and guide and motivate the reading of the Case Study. Their use is strongly recommended but not essential.

  Never omit the Practice Tasks or the Case Study portions. These instruct the learners and guide their practice in applying their skills to the PIPD materials.

- You may allow staff to work together in pairs or small groups on the Practice Tasks, and even on the Quizzes. By working together they can check each other's work, and reinforce their learning by developing consensus on each step. This takes more time, but helps to build teamwork when the staff involved work in the same office.

- On the other hand, you may want more direct control of the process. You may do this by collecting and scoring each quiz and practice task, and reviewing the results with the staff. This is not recommended but may be necessary for some staff, such as inexperienced new hires.

12 ***Training Delivery***

Deliver the training as determined in steps 4 to 11. Allow additional time to practice administering the Interview.

13 ***Posttraining Evaluation***

After the training, ask the staff to evaluate the effectiveness of the Guide on the Evaluation Sheet (Appendix H). Discuss this evaluation with them to determine what might be needed to improve the next training. If you used group facilitators or trainers, also have them evaluate the Guide.

14 ***Followup Activities***

Review the Followup Activities section.

Decide which additional training or resources you will provide for your staff, and make the appropriate arrangements. At least allow time for the dry-run practice before they use the PIPD, and obtain the resource materials for those who are interested.

15 ***Long-Term Training Evaluation***

Plan to meet with your staff to evaluate the effectiveness of the PIPD and of the Guide after they have had an opportunity to apply it on the job, possibly in 3 months and then in 6 months. Adapt the training and your program on the basis of this feedback.

Summarize your findings on the Administrator's Evaluation Sheet. See the directions in Appendix I.

How To Use This Guide

This self-instructional Guide is divided into eight sections. Each has a different objective:

Section I: Overview	*informs* you about the PIPD and what it is intended to do.
Sections II Through VIII	*train* you how to use it—how to administer, score, record, and interpret the results of the PIPD, and to recommend treatment based on these results. Each section deals with a different procedure.

Read through the Guide and follow the directions in sequence. Don't skip a section, or you will not be able to complete the next one.

The Learning Steps

You will go through the same sequence of learning steps in each section:

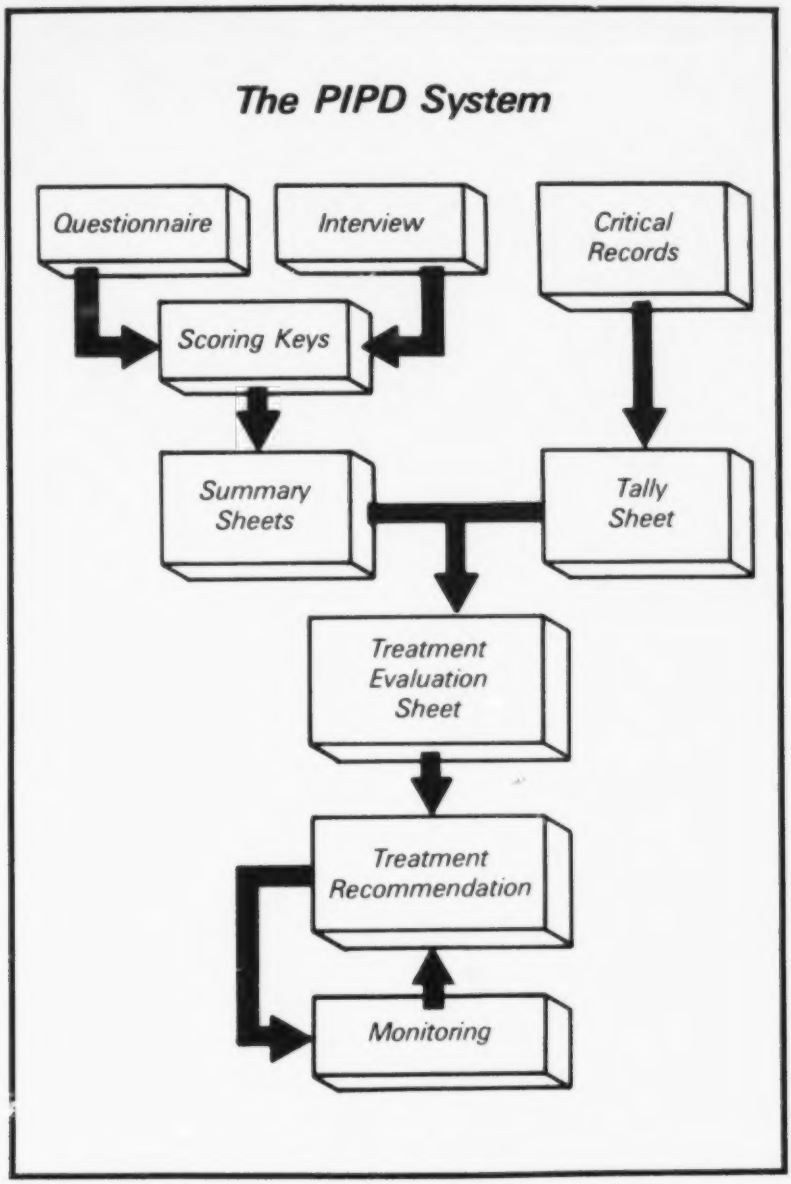
1 ***Objectives***	You will find out what you will learn in the section, and what you will do to show that you have learned it.
2 ***Preparation***	You will prepare your training equipment and materials to do the work in the section.
3 ***Pretraining Quiz***	You will assess your knowledge of the content of each section before you begin, by taking a multiple-choice quiz. You will not be expected to be able to answer all of the questions at this time. However, taking the test will prepare you to find the answers in the section.
4 ***First Practice Task***	Each section will present part of a dramatized case study of a drunk driver. Before each part you will read some new information about this case. On this basis, you will be asked to make a preliminary determination of the drinking problem. In each section you will get more information, which will lead you to expand and reassess your first decision.

5 ***Introduction***	You will read some basic information describing one of the procedures and the steps you will take in using it. Many of the steps will be dramatized in the Case Study, and help you to identify the physical, emotional, and behavioral signs of the problem drinker.
6 ***Case Study***	You will read one part of the Case Study. Each section will show another PIPD procedure being used. You can stop and review any part of the Case Study as often as you like.
7 ***Second Practice Task***	You will be given more information about the case, and then be asked to use the procedure to complete blank copies of the forms used in the PIPD. This will give you practice in using the procedures you saw in the Case Study. This is the core of your learning in each section. Then you will check your work against the models shown in the Case Study.
8 ***Scoring of Pretraining Quiz***	After reading the Case Study you will be asked to complete and correct your work on the previous multiple-choice quiz. You can go back to the Introduction and Case Study to find the answers if you need to. Then you will score the results. If you did not get all of the answers, you should review the whole section before you go on.

9 ***Posttraining Quiz***	You will check and review your knowledge of the content in the section by doing another multiple-choice quiz. If you score less than 80% you should review the section.
10 ***Self-Evaluation***	You will review your mastery of the objectives for that section, summarize your learning, and prepare to go on to the next section.

The Case Study is designed as a kind of mystery to be solved. In each section you get more information, so that you have to keep using and updating what you learned in previous sections. You will have to use your intelligence, your intuition, your experience, and your newly learned skills and knowledge. The experience should be as enjoyable as it is practical.

Section I:



Overview

I-1 Objectives

In this part you will:

1. **Learn the basic information about the PIPD:**
   - what it is and what it does.
   - what the elements of it are.
   - who should use it.
   - when and where it should be used.
   - what its advantages and disadvantages are.
2. **Evaluate its possible usefulness to your organization.**

I-2. Preparation

Prepare to use these materials:

1. ***Worksheet I*** **(Appendix G).**
2. **A blank copy of each of the forms in the Appendices and a #2 pencil. Review the forms to anticipate how they might be used in the PIPD.**

I-3. Pretraining Quiz

Study the following multiple-choice quiz. Mark your answers on Worksheet I. Please do NOT write or make any marks in this Guide.

Don't expect to be able to answer all of the questions now. In fact, you may not be able to answer any of them. However, taking the test will prepare you to learn from the Guide, where you can find all of the answers. As you learn the correct response, mark it on your Worksheet.

[1] Drunk drivers are involved in

a. 55-65% of all single-car fatalities
b. 50% of all multiple-car fatalities
c. 10-35% of serious injury crashes
d. (all of the above)

[2] The purpose of screening is to determine if a drinking problem exists by using

a. all of the available information
b. first impressions
c. only the results of objective tests
d. the least amount of information needed to do the job

[3] In addition to being useful for screening, the PIPD

a. provides information useful for program planning
b. can be used as a basis for a court-ordered evaluation for recommending treatment
c. provides a way of showing personal concern
d. (all of the above)

[4] The PIPD is effective in identifying problem drinkers in

a. 100% of the cases tested
b. 83% of the cases tested
c. 51% of the cases tested
d. (none of the above)

[5] Which of the following is NOT used in the PIPD?

a. questionnaire score
b. interview score
c. medical examination report
d. BAC, criminal, and driving records

6 **Which of these is an advantage of the PIPD *Questionnaire?***

a. it is quick
b. it is not as threatening as an interview
c. it measures the problem validly and reliably
d. (all of the above)

7 **A test is considered *reliable* if it**

a. is trusted by the test administrator
b. is accepted by the person being tested
c. measures the same thing the same way each time
d. measures what it is intended to measure

8 **The ability and judgment of most drivers is definitely impared when their blood alcohol content (BAC) reaches**

a. .04%
b. .08%
c. .10%
d. .20%

9 **The most effective way to identify those likely to be rearrested for drunk driving is by their**

a. BAC (Blood Alcohol Content) at time of arrest
b. number of prior arrests for DWI
c. total score on the PIPD tests
d. (all of the above, combined in a package)

10 **Which of these is NOT one of the advantages of the PIPD?**

a. it is defensible against challenges by attorneys
b. it provides a positive first intervention with clients
c. it is the simplest way to screen problem drinkers
d. it is a thorough and professional method of screening drinking problem cases

Remember these questions when you read this section, and complete and correct your responses when you finish.

I-4. First Practice Task

Read this list of 10 key qualities that a good alcoholism screening and assessment procedure should have.

Fast	Provides a usable assessment in a reasonably short time.
Inexpensive	Provides copies at low cost with little effort.
Easy	Does not require advanced academic training to administer, and does not overwhelm the person being tested.
Valid	Measures what it is supposed to measure, and can demonstrate that it does.
Reliable	Measures the same way each time.
Objective	Provides similar results no matter who uses it.
Standardized	Can be administered the same way each time.
Flexible	Can be adapted to suit local needs with little distortion.
Authoritative	Has an established and respected history of success.
Sufficient	Gives enough information to make a full, useful assessment of the problem.

On Worksheet I, list these qualities in a column according to their importance to the needs of your organization and the service you provide. Add any others you consider important. There is no one "right" order for this list; it will depend upon your assessment of your own needs. Keep this list in mind as you complete this section.

I-5. Introduction

Research done by DOT in the 1960s indicated that traditional approaches to dealing with drunk driving were not successful in reducing the problem. In the traditional approach all offenders were sanctioned by fines, license suspensions, and other judicial actions, regardless of the level of the drinking problem. No provisions were made for education, rehabilitation, or differential treatment of drinking types.

In 1970 DOT implemented a new approach through its 35 Alcohol Safety Action Programs (ASAPs). DWI is the generic term for the major alcohol-related offense in each State, such as Driving While Intoxicated or Driving Under The Influence of Liquor. First offenses for DWI were viewed as a symptom of a drinking problem to be treated through education, rehabilitation, and other aid. In order to make this health/legal approach work, a procedure was needed which would

- screen DWI arrests to identify problem drinkers quickly and effectively, and
- gather the information necessary to recommend proper treatment and rehabilitation.

As part of this approach NHTSA established these criteria for identifying a problem drinker:

[1] Diagnosis of alcoholism by a recognized medical or treatment facility.

[2] Self-admission of being an alcoholic or problem drinker.

[3] Two or more of the following:

- Blood alcohol content (BAC) of .15% or higher.
- One or more previous alcohol-related contacts with medical, social, or community agencies.
- Reports of marital, employment, or social problems related to alcohol.
- Diagnosis of problem drinking on the basis of an approved, standardized written diagnostic instrument such as the MAST, NCA, Johns Hopkins, and/or PIPD.

I-6. Case Study

This section will introduce the case of a single drunk driver, Michael Rainey, and place it in the context of the PIPD and the larger problem of drunk driving. Each of the following sections will develop the case in more detail and focus on one procedure at a time.

Mike Rainey is a very sociable guy...

RAINEY: Hey, come on! This is a celebration!...

And a hard working, competitive salesman...

*...I told him, "*Make *the quota? I'll* beat *any quota you can set!" Just watch, I'll make sales manager in three years, tops...*

And a married man...

...I forgot, OK? I told you, as soon as I can. Come on, give me a break! Look, I'll get there as soon as I can. I'm leaving right now!

And a fast, aggressive driver...

RAINEY: Come on, come on! Move it!

OFFICER: Mr. Rainey, I'm charging you with running a stop sign, speeding, and reckless driving. On the basis of your driving, and the field sobriety test you just took, I believe that you are under the influence of alcohol. You are under arrest for Driving While Intoxicated. I am taking you in to test your Blood Alcohol Content.

RAINEY: What? Are you out of your mind? This is insane!

And now, he is a convicted drunk driver...

JUDGE: . . . guilty of all charges. I am delaying sentence pending an investigation of your drinking problem. Next case!

Michael Rainey is all of these things. And he is more. For justice will depend upon giving him one more classification:

- Is he a social drinker who, this time, has only celebrated unwisely and too much?
- Is he a problem drinker or even an alcoholic?
- Or is he the most difficult type to identify—the potential problem drinker who is developing drinking habits and patterns that will damage his work, his health, and his family and social life?

A social drinker is one who...

- drinks for social reasons and in socially acceptable ways, rather than being moved by some individual problem, anomaly, or disease.
- does not allow drinking to impair physical, emotional, economic, or social functioning.
- rarely uses alcohol to cope with stress.
- has the ability to abstain from alcohol.

A potential problem drinker is one who...

- is developing drinking habits which may lead to problem drinking or alcoholism.
- frequently uses alcohol to cope with stress.
- allows drinking to impair various functions in daily life, and is developing problems based on this failure to cope.
- is beginning to develop the physical symptoms of alcohol abuse.

Because many of these problems take time to become evident, especially in the young, the potential problem drinker is the most difficult type to identify.

A problem drinker is one who . . .	• drinks to excess which causes public or private harm, and who causes problems for himself or herself and others. • regularly uses alcohol to cope with stress. • has impaired ability to cope emotionally, socially, and economically. • shows physical symptoms of alcohol abuse.
An alcoholic is one who . . .	• is consistently unable to refrain from drinking, or to stop drinking before getting intoxicated. • has seriously and chronically impaired functions. • may have developed a physical dependence on alcohol, suffer withdrawal symptoms without it, and show many symptoms of physical damage due to alcohol.

All alcoholics are problem drinkers—but not all problem drinkers are alcoholics. Any driver convicted of DWI should be considered a problem drinker unless there is enough evidence to the contrary.

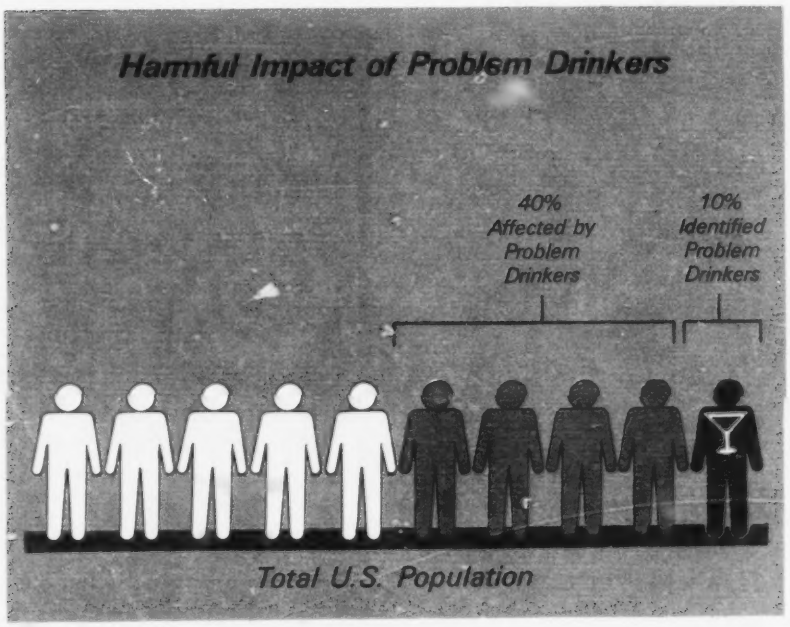
And what is the evidence in the life of Michael Rainey?

Finding the truth about Michael Rainey is part of a problem which is much larger, and depressingly familiar. It is estimated that 10% of the American population is composed of borderline and problem drinkers. Their abuse of alcohol leads to problems with their health, their jobs, their families and friends, and with the police.

Each problem drinker has a harmful impact on the lives of at least four other people. This means that 50% of the American public is harmed, directly or indirectly, by alcohol abuse.

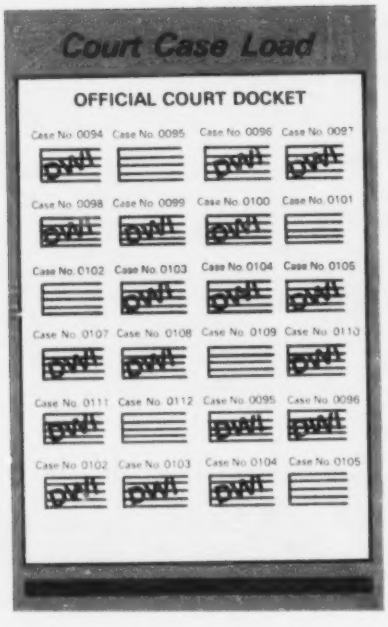
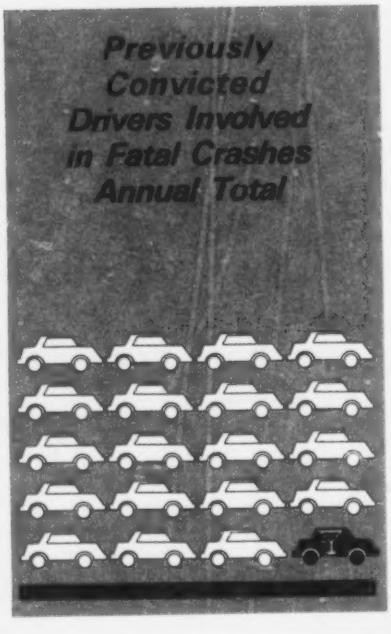
The effects on highway safety are equally dismal: drunk drivers are involved in

- 10% to 35% of serious-injury crashes.
- 50% of all multiple-car fatalities.


Harmful Impact of Problem Drinkers
40% Affected by Problem Drinkers
10% Identified Problem Drinkers
Total U.S. Population

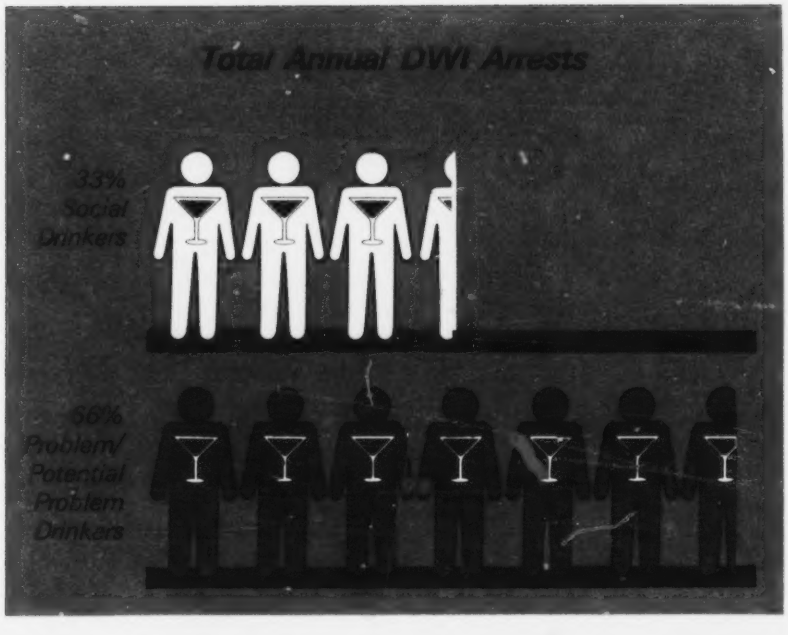
- 55% to 65% of all single-car fatalities.
- Over 800,000 crashes per year.
- About 23,000 deaths per year.

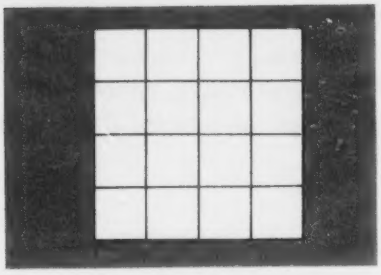
The problem drinking driver strains the legal system. Close to three-fourths of the cases on court dockets deal with DWI.

Thirty-one percent of all arrests in a given year will be for DWI. Yet for every arrest, as many as 2,000 drunk drivers may go undetected. So the problem drinkers who do get arrested have probably violated the law many times before they were caught. Of all drivers involved in fatal crashes in any given year, only 5% were previously convicted of DWI.



As public pressure for action against drunk driving increases, the strain on the legal system increases. And legal action by itself is not enough. It must be the right action, which will protect the community, decrease repeat arrests for DWI, and aid the problem drinker.

Nearly one-third of all DWI arrests involve social drinkers. It is ineffective to apply the same sanctions and treatment that are recommended for problem drinkers. So it is essential to classify DWI cases according to the level of the drinking problem before taking action.

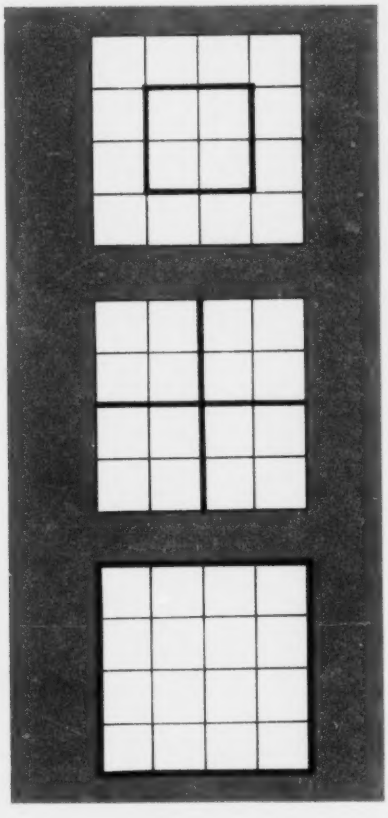




But the ways in which we classify problems depends upon our perceptions. And our perceptions may vary widely. For example, how many squares do you see here?

Did you see 16 squares?

Or 17?



Or 21?

Or 22?

Did you see all 30, or even more?

Our actions are only as effective as the perceptions we base them on. It is not enough to deal with problem drinking cases through our subjective judgments. The greater the differences in our perceptions, the more difficult it becomes to provide proper treatment or common justice.

To act effectively, the health and legal systems need a procedural package which will enable them to:

[1] ***Screen*** DWI arrests quickly and efficiently, using the least amount of information necessary to classify the problem correctly.

[2] ***Assess*** the drinking problem and its effects, and provide enough useful information to recommend the proper treatment.

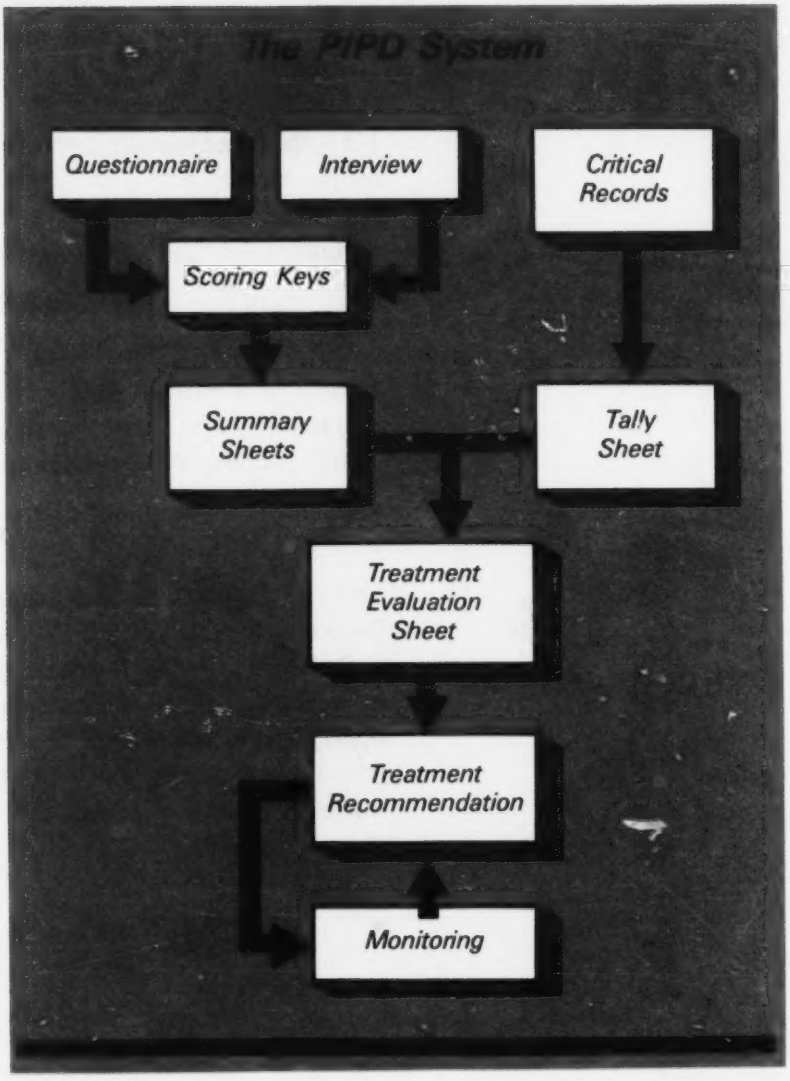
[3] Be as ***objective*** and ***standardized*** as possible in order to

- reduce the bias of the administrators.
- minimize errors due to the differences in training, skills, and experience of the administrators.
- develop a base of data which can be used to evaluate the screening and assessment system, compare it with other approaches, and develop research to improve it.
- assure equal and just treatment for all offenders.

This package exists—the Procedures for Identifying Problem Drinkers (PIPD). The PIPD was developed in 1971 by the U.S. Department of Transportation in order to identify problem drinkers. Originally called the Court Procedures for Identifying Problem Drinkers, it is better known as the Mortimer-Filkens test, after the primary developers, Professors Rudolph G. Mortimer and Lyle D. Filkens.

The PIPD System

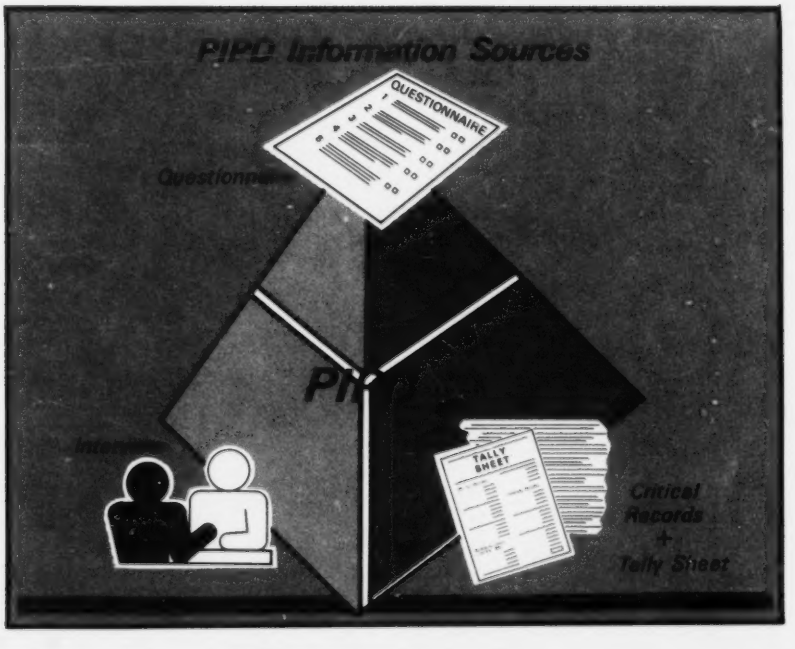
The PIPD is designed to work as an integrated system using several sources of information. However, the parts may be adapted, separately and together, to serve local needs and conditions.



The PIPD uses three main sources of information:

- a short *Questionnaire*
- a longer *Interview,* and
- a collection of Critical Records, summarized on a *Tally Sheet.*

Each collects different but related information. Each, used by itself, can effectively identify problem drinkers. Used in combination, they reinforce each other to provide the best screening and assessment procedure available.



The PIPD is normally administered in this sequence:

[1] The *Questionnaire* is administered individually or in groups, and scored to make a preliminary assessment of the problem.

[2] Then the *Interview* is administered individually and scored, and the preliminary assessment is revised if necessary.

[3] The numerical scores of the *Questionnaire* and *Interview* are cross-checked against each other, as are the types of problems indicated by each test. The results are analyzed and recorded on a Summary Sheet.

[4] Three Critical Records—blood alcohol content at time of arrest (BAC), driving record, and criminal record—are collected and analyzed. They are summarized on a Tally Sheet and cross-checked against the *Questionnaire* and *Interview* results. They may provide additional evidence of problem drinking to the court. They may be available from sources such as the prosecutor's office, motor vehicle agency, and State police.

[5] On this basis the drinking problem is finally determined. Treatment available in the community is summarized on a Treatment Evaluation Sheet.

[6] Recommendations for treatment are prepared and delivered to the court or agency for action. They should be monitored to evaluate the effectiveness of the assessment and the treatment.

The Questionnaire

The *Questionnaire* is a three-page, 58-item paper-and-pencil form usually filled out by the offender or client. It can be completed in 5 to 10 minutes. The form may be copied and used free of charge. It may even be read aloud to nonreaders.

Fifty-four of the 58 items are scored. Thirty-six of these deal with drinking habits, and 18 deal with anxiety and neurosis. Problem drinkers characteristically have unusual fears and worries which they try to control by drinking, and the *Questionnaire* identifies this emotional profile. It is not intended to identify psychosis or provide a complete psychological assessment.

Because it is less threatening than an interview to most people, the *Questionnaire* is usually administered first. It can be administered to individuals or groups by any trained staff, including nonprofessionals and volunteers.

Used by itself, the *Questionnaire* can effectively identify problem drinkers and social drinkers, and indicate problem areas for treatment. Unusually high scores can even identify emotionally disturbed persons needing immediate psychiatric care.

***The* Questionnaire *has many* advantages:**

- It is inexpensive to use.
- It is quick and easy to administer.
- It is flexible; it can be used with individuals or groups, and with readers or nonreaders.
- It is effective in classifying drinking problems and screening them efficiently.
- It provides an objective, standardized instrument for handling all cases on the same basis.

***It also has some* disadvantages:**

- It is impersonal.
- Other tests exist, such as the NCA or the MAST (Michigan Alcoholism Screening Test) which are even shorter and faster.
- Each form must be scored twice, using different scoring keys, because two kinds of problems are measured. For some administrators this procedure seems too complicated.

The Interview

The 14-page *Interview* may also be copied and used without charge. It is administered individually. This personal contact allows the investigator to

- show concern and support, and develop cooperation and rapport with the interviewee.
- observe any physical symptoms of alcohol abuse.
- set up a dialogue which can define the impact of drinking on five main areas of the interviewee's life.

Health

Has drinking contributed to illness or injury, or to related problems such as inability to eat, sleep, or concentrate?

Arrests

Has drinking led to other arrests for drunk driving? To other kinds of driving offenses? To other alcohol-related crimes?

Drinking Habits and Patterns

Does the interviewee show characteristic patterns and habits of the problem drinker in where and when alcohol is consumed, how much and how often, and in what kinds of situations? How has drinking affected the interviewee's behavior?

Family and Social Life

Is there a history of alcohol abuse in the interviewee's family? Has drinking led to arguments? To violence? To the threat or reality of separation or divorce? To isolation and loneliness?

Work

Has alcohol abuse led to problems in finding and keeping a job? To time lost from work? To an inability to make enough income to meet basic needs?

The *Interview* contains 69 main questions. Not all of the questions are asked in every interview. (For example, if a person is single, or employed, the questions about marriage and unemployment are not used.) Most interviews can be completed in 45 minutes. An experienced interviewer can move quickly through the process in less than 30 minutes or, if necessary, cautiously probe into answers which seem evasive or incomplete. The results are quickly scored by a single scoring key.

The* Interview *design allows the interviewer to play two key roles:

- an [redacted] looking for evidence of alcohol-related problems in the person's life, and
- a [redacted] who listens to these problems and offers help.

The *Interview* can provide detailed data on the impact of the drinking problem in several areas of the person's life, or determine that no problem exists. The dialogue can help drinkers to recognize problems that they might otherwise deny, and may be their first chance to get the help they need.

***Compared to the paper-and-pencil* Questionnaire, *the* Interview *has some* disadvantages:**

- It takes more time to administer.
- It requires some skills in interviewing and in recognizing the symptoms of alcohol abuse.

***But it has many more* advantages:**

- It is inexpensive and easy to score.
- It provides detailed data on the problem and its effects and possible causes, and may even eliminate the need to do any additional assessment testing.
- It permits direct observation of symptoms of alcohol abuse.
- It may be administered by any trained staff with interviewing skills, not only testing specialists.
- It, like the *Questionnaire,* provides a numerical score which can provide a mathematical basis for evaluation.
- It allows the offenders or clients to express their own point of view in their own words, which can later be summarized or directly quoted in recommending treatment.
- It allows the interviewer to have personal contact, show support for the person's needs, and develop trust and cooperation.

How Good Are The Questionnaire *and* Interview?

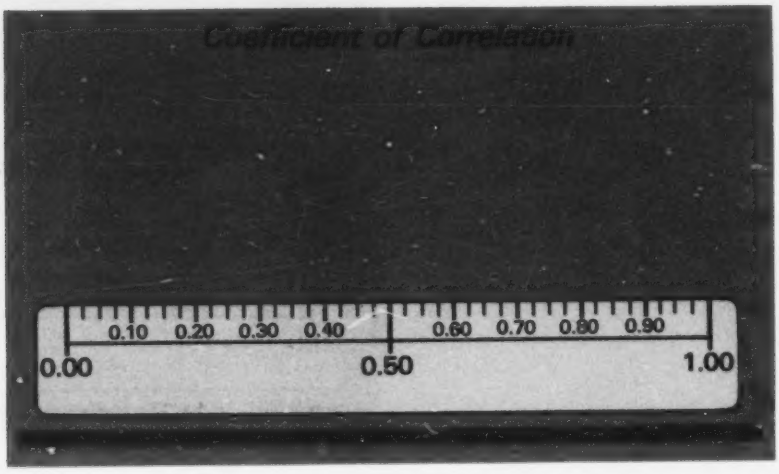
***Compared to other similar instruments, the PIPD* Questionnaire *and* Interview *have the best research evidence of their quality. This is shown by their* validity *and* reliability.**

In very simple terms, when we say that an instrument is ***valid,*** we mean that it really does measure what it is intended to. For example, a 12-inch ruler is a highly valid measure of linear distance. But it is not a valid measure of weight.

And when we say that an instrument is ***valid,*** we mean that it really does measure what it is intended to. For example, a 12-inch ruler is a highly valid measure of linear distance. But it is not a valid measure of weight.

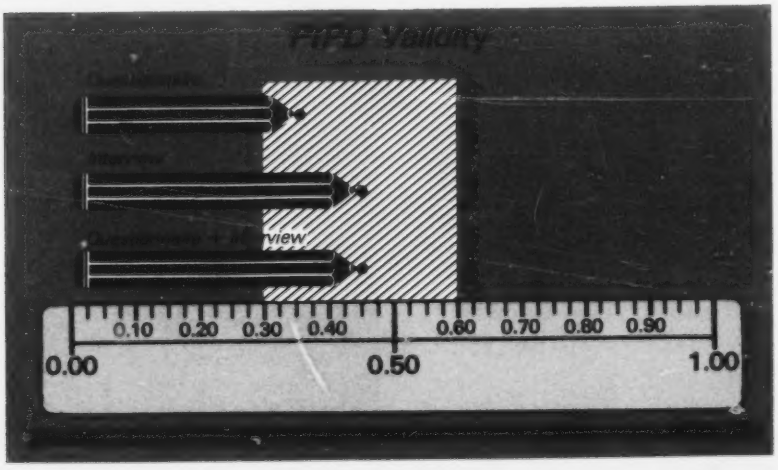
And when we say that an instrument is ***reliable,*** we mean that it works the same way nearly every time. For example, a rubber band 12 inches long would not be as reliable in measuring distance as the wooden ruler.

Validity and reliability are measured by a mathematical process called correlation. It yields a number between 0.00 and 1.00, called the *coefficient of correlation*. The closer the test is to 1.00 the more valid or reliable it is.



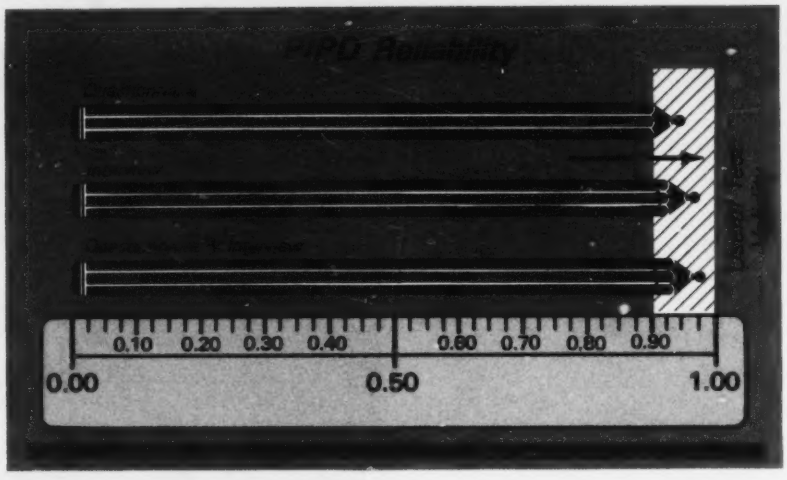
PIPD Validity

To be useful a test should show *validity* of .30 to .60 or higher. The *Questionnaire* has a validity of .35. The *Interview* has a validity of .45. And the *Questionnaire* and *Interview* combined have a validity of .45. So, separately or combined, the *Questionnaire* and *Interview* have useful validity.



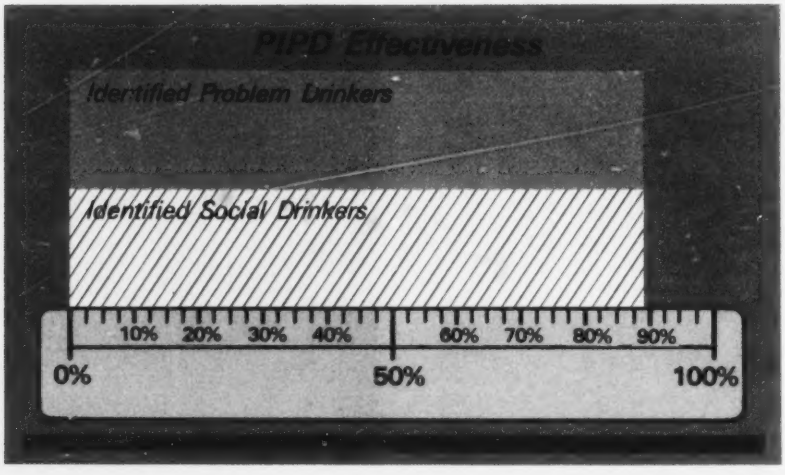
PIPD Reliability

A useful test should also show *reliability* of .90 or higher. The *Questionnaire* has a reliability of .95. The *Interview* has a reliability of .97. Combined, their reliability is .98.



PIPD Effectiveness

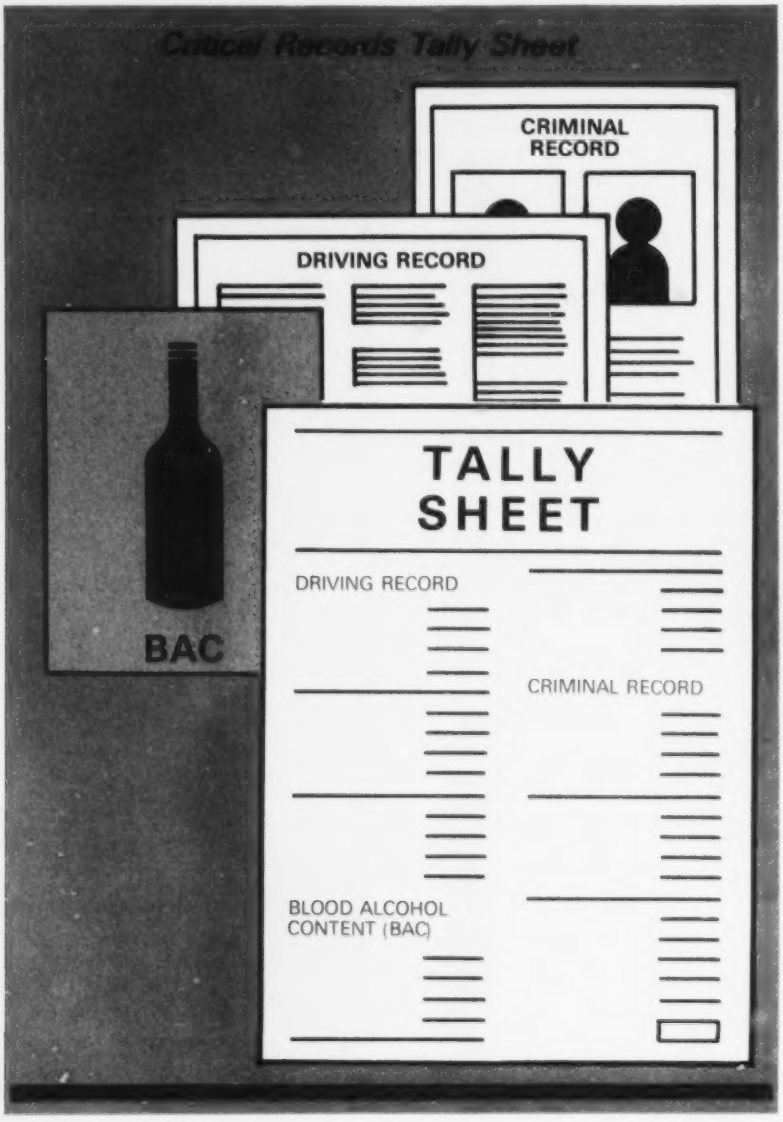
Other evaluation studies showed that the PIPD tests identified 89.6% of all social drinkers and 83.1% of all problem drinkers tested. So the PIPD has more research evidence of greater validity, reliability, and effectiveness than any other procedure of its kind.



The Critical Records Tally Sheet

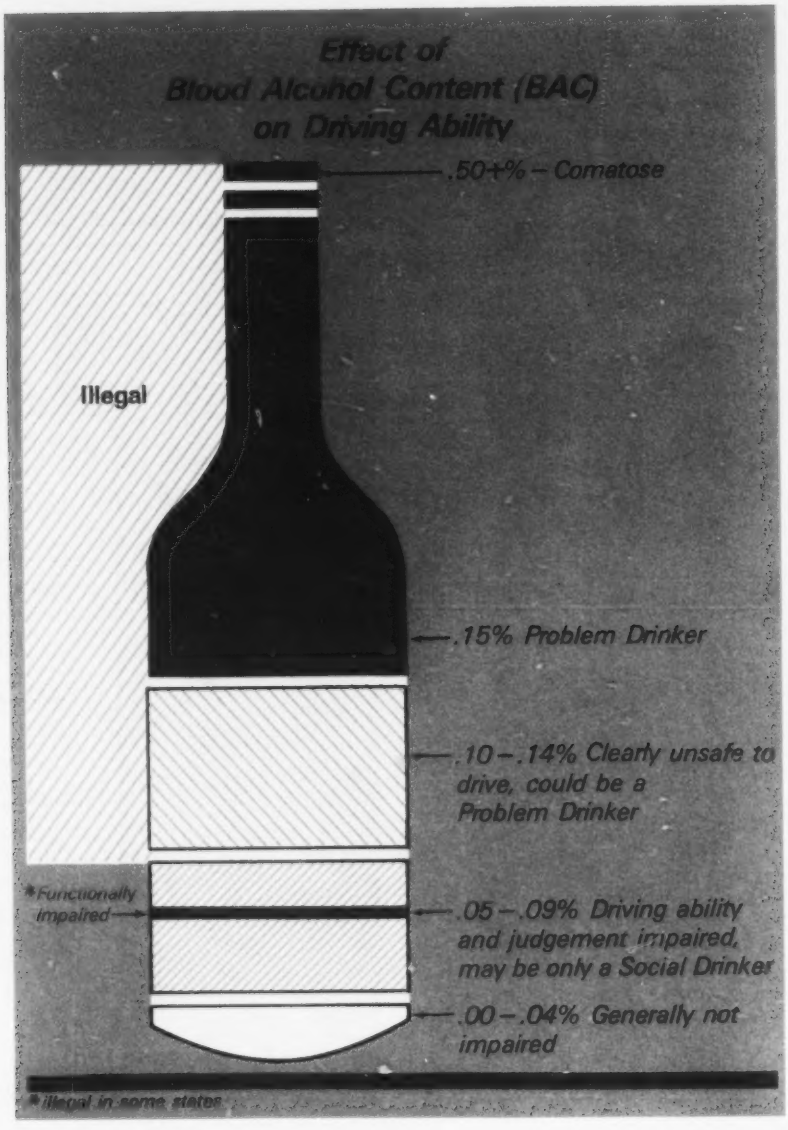
The third main source of information is the Tally Sheet of three critical records:

- the Blood Alcohol Content (BAC) at the time of arrest.
- the Driving Record, especially any drunk-driving offenses.
- the Criminal Record, especially alcohol-related crimes.



Blood Alcohol Content (BAC)

The BAC is the concentration of alcohol in the blood. It can be measured by tests of the breath, urine, or blood. The percent of the BAC indicates the level of the person's impairment. Predictable kinds of impairment occur at specific BAC levels.


Effect of
Blood Alcohol Content (BAC)
on Driving Ability
.50+% – Comatose
Illegal
.15% Problem Drinker
.10 – .14% Clearly unsafe to drive, could be a Problem Drinker
*Functionally impaired
.05 – .09% Driving ability and judgement impaired, may be only a Social Drinker
.00 – .04% Generally not impaired
*Illegal in some states

.00 - .04%	At the levels most drivers may feel some alteration of moods and feelings, but not be seriously impaired.
.05 - .09%	At this level the ability and judgment of most drivers is impaired.
.08%	At .08% driving usually becomes erratic, aggressive, and reckless, and the driver cannot anticipate hazards effectively.
.10 - .14%	At the next level no one can drive safely, and few people can drive at all. The most experienced drinkers, who have learned to adjust to heavy drinking, may be able to drive but will not have sufficient control to drive safely.
.10%	Driving with a BAC of .10% or higher is illegal in most States.
.15% +	Only very experienced drinkers can tolerate a BAC of .15% and still function. Yet the national average for DWI arrests is .18% to .20%. Levels of .15% and higher are a "red flag" of a drinking problem.
.50% +	If the BAC reaches .50% coma develops, and by .60% death can result.

A BAC reading may not be available in all cases because in some States drivers have a legal right to refuse. Otherwise the BAC is usually the first critical record available, and provides an excellent cross-check on the previous test results. A BAC of .15% or higher indicates a problem drinker even if the person got low scores on the tests.

Driving Record

The driving record is examined for major moving violations, especially those which were or might have been alcohol-related:

DWI Arrests

Prior arrests for DWI are a very reliable indicator of a drinking problem and a high predictor of rearrest on the same charge. Two or more DWI arrests are a sure sign of a problem drinker.

Other Alcohol-Related Offenses

Convictions are for other, lesser alcohol-related charges, which may indicate a developing problem. Sometimes these charges have been reduced from a DWI charge, in States that allow such "plea-downs."

Other Moving Violations

Problem drinkers are three times as likely to have more moving violations such as speeding, or careless and reckless driving, or improper lane changes and similar offenses. Many violations may not be reported as alcohol-related even when they are. The history and pattern of violations may indicate sociopathic behavior.

Crashes

Problem drinkers are more likely to have more collisions than most drivers.

License Actions

Problem drinking may have caused previous license actions such as revocation, suspension, or the placing of restrictions and conditions on the person's driving. DWI arrests often involve driving despite these actions.

Criminal Record

The criminal record is examined for two main kinds of offenses:

Alcohol-Related Offenses. Some arrests, such as drunk and disorderly, may be evidence of a drinking problem.

Non-Alcohol-Related Offenses. Other offenses, especially those indicating a loss of social control such as violence to persons and property, may indicate a drinking problem even though it isn't specified in the record.

Using the critical records has some **disadvantages.** ***The records are often late in arriving, incomplete, inaccurate, or out of date. They require careful analysis, and experience in drawing conclusions from the data. But the records provide special*** **advantages.**

- They provide a factual base for cross-checking the results of the tests.
- This objective, quantifiable base can be used to validate the effectiveness of your program.
- They provide additional evidence of a drinking problem to the courts, in support of your assessments and recommendations.

The Tally Sheet provides a numerical summary of this evidence. The experienced user can interpret these data to find a pattern of behavior to be corrected.

Recommending Treatment

The PIPD does not specify which treatment to recommend for each type of drinking case. This should vary according to

- the education and treatment needs of the offender.
- your State and local laws.
- the resources available in your community.
- whether those resources are available, accessible, and affordable to the offender or client.
- whether the recommendations are sanctioned by the court.

The PIPD considers *treatment* to be any intervention—other than the traditional judicial sanctions such as fines, jail terms, license suspensions and so on—which is used to help the social drinker and to rehabilitate the problem drinker. In this broad definition, it includes education to correct misconceptions and attitudes concerning alcohol use. Treatment may include many options such as

- education on the effects of alcohol, especially on driving skills.
- medical and psychiatric care on an emergency, temporary, or long-term basis, either as an inpatient or outpatient.
- other support such as counseling or legal and financial assistance.

Recommendations may also be made for judicial action, such as making the treatment a condition of probation. Recommendations made on the basis of the PIPD are not legally binding, but have usually been followed by courts where the PIPD has been used. An effective treatment plan does not end with the recommendations. It assures that the treatment is followed up and monitored to be sure that it is effective. The court may help by requiring this monitoring.

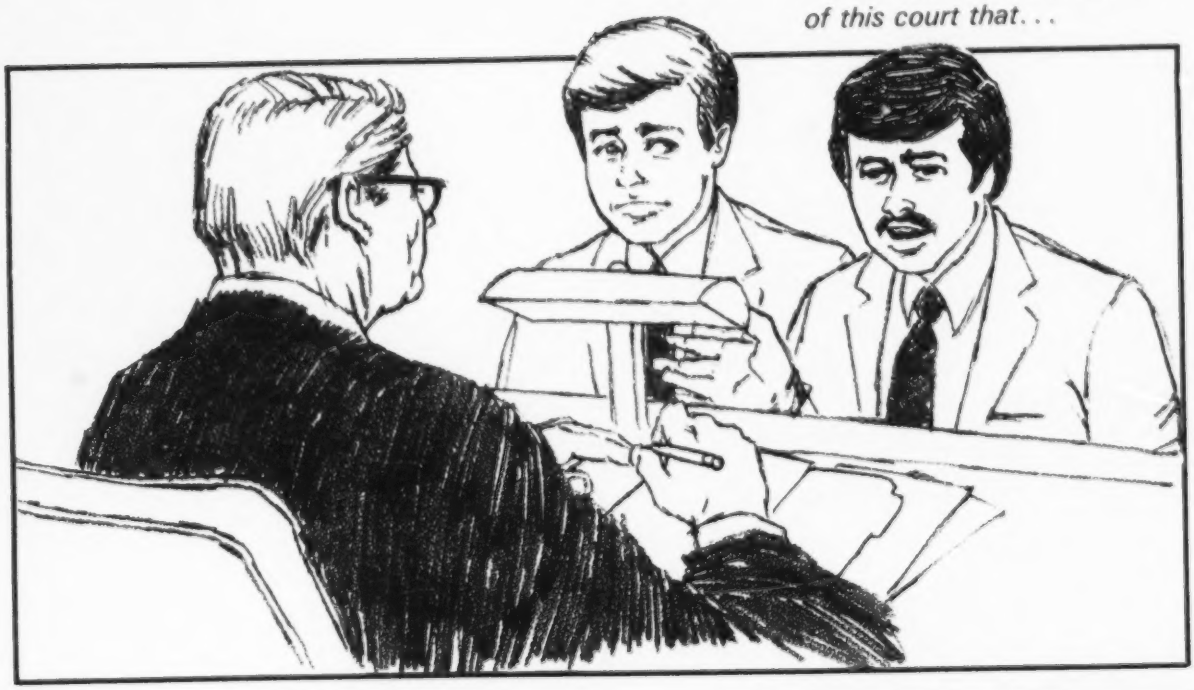
Making appropriate recommendations will call on all of your intelligence, intuition, and experience in using the results of the PIPD procedures and the resources available in your community. And the PIPD provides a sound, defensible basis.

JUDGE: Mr. Rainey, I have received the recommendations from your presentence investigation and am prepared to act upon them.

ATTORNEY: Your honor, with all due respect, I challenge the adequacy of this procedure to recommend action in my client's case. His reputation and his livelihood, which depend upon his ability to drive, can be damaged by a procedure which doesn't recognize the individuality of his situation.

JUDGE: Counselor, I recognize your concern. However, I am convinced that the procedures used to gather the information on which these recommendations are based are the best available. The treatment agencies which carry out the recommendations have agreed to the effectiveness of their assessments.

Therefore, it is the judgment of this court that. . .



The problem of alcohol abuse is increasing. The strain on the legal system is increasing, and the need for effective screening and assessment increases with it.

The PIPD is available to meet these needs. It is a procedural package that is

- inexpensive
- easy to administer
- thorough
- valid and reliable
- objective and standardized
- highly structured but flexible
- tested and recognized in the field for over a dozen years

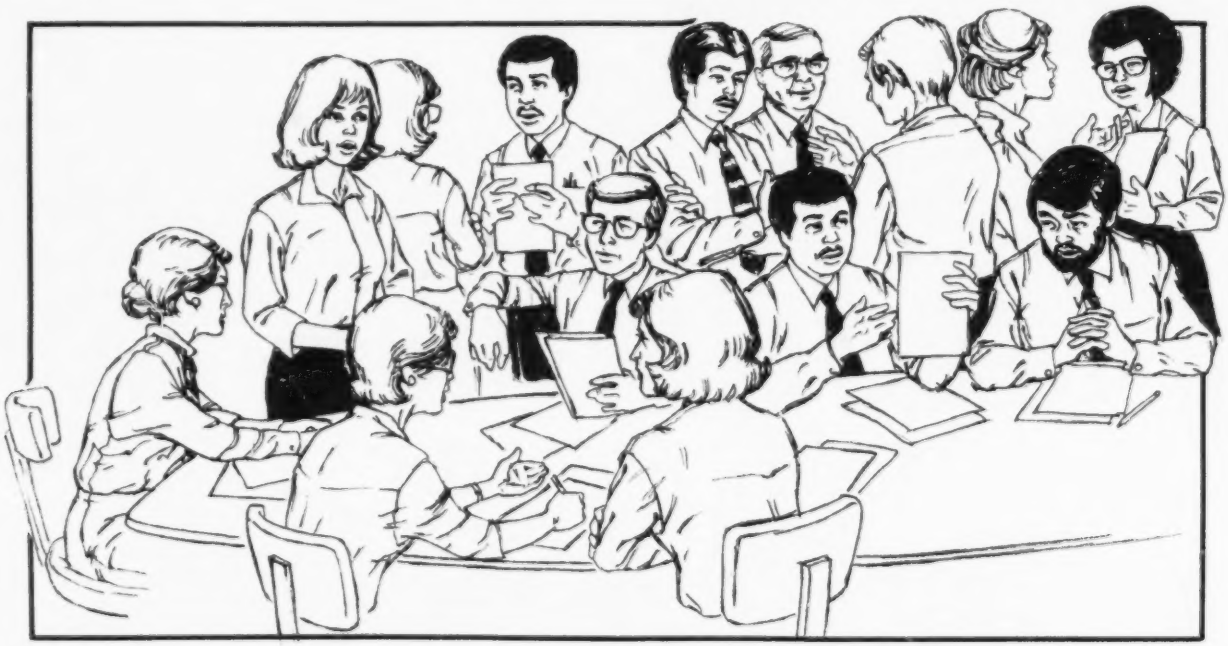
What Do Experienced Users Of the PIPD Say?

We use only the Questionnaire *in my program. With our caseload we don't have time to give all the Interviews. And it works. We screen out the problem drinkers on the first arrest, and the treatment agencies agree with our determinations.*

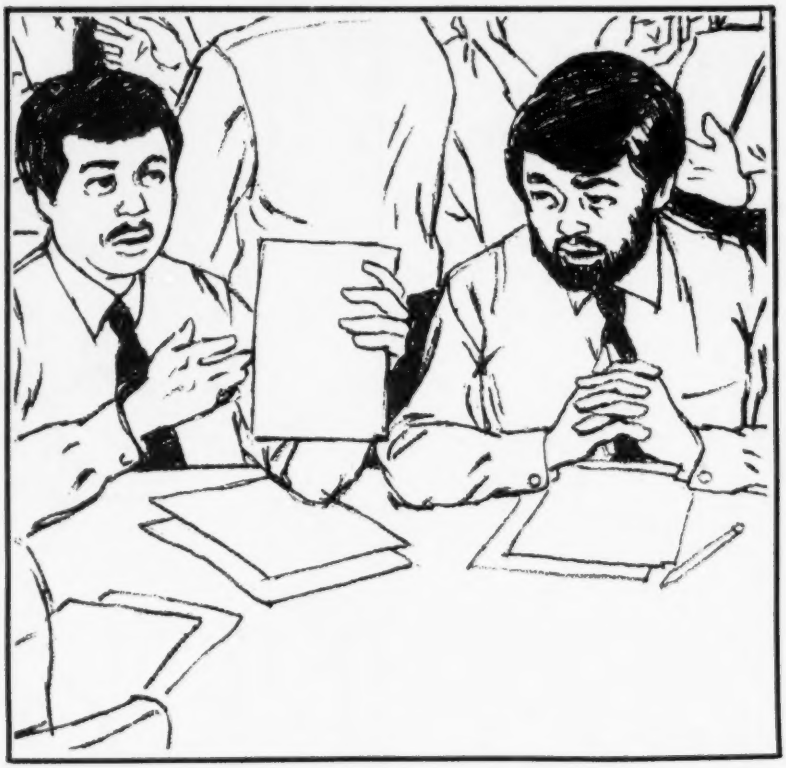
I wouldn't use the Questionnaire *without the* Interview. *It may be your only chance to talk to the person, to get their side of the story.*

And you want that first intervention to be positive, and to give you enough information to make the right recommendations for treatment.

You can always measure anything better by using two or more independent measures instead of relying on only one.



I wouldn't use the Questionnaire *or the* Interview*, alone or together, without using the Critical Records as well. You should check the test results against an external criterion. And these records are facts, while the other tests show the person's point of view and interpretation.*



To do the job right you need a total package. Each part works well by itself. But together they work best. If you decide a person is a problem drinker just on the facts of the BAC and previous DWI arrests, how do you know which treatment is right for them? You need the personal information from the Questionnaire *and* Interview.

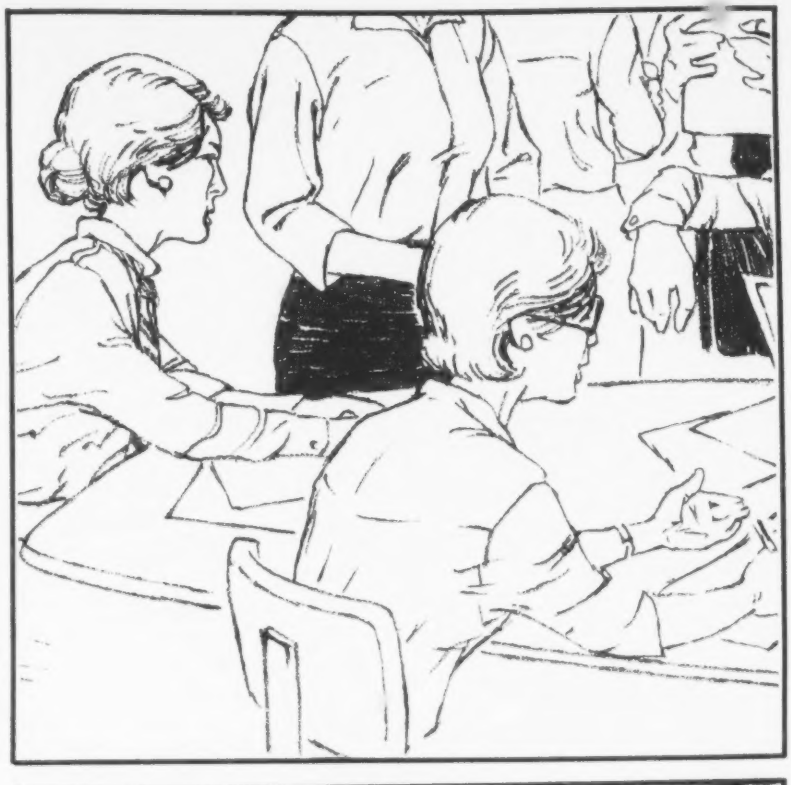
Alcohol abuse is a complex problem. There are no quick and easy answers.

Some places use shorter, quicker tests like the NCA or the MAST or the Johns Hopkins. But there is no research evidence that they work nearly as well. The PIPD isn't the simplest procedure around, but it's the best.

It gives you enough information that you may not need to do a lot of other assessment work. You can use it in treatment, probation, supervision, and other formal interventions where you need to know the specific effects of drinking on the person's life. It can make your whole procedure more efficient when you look for many ways to use it.

I like the numerical measures you get out of the procedures. They give you more than the subjective impressions of the investigator. They give you a mathematical basis for measuring and evaluating the work of your program.

Beyond that, you can use this quantifiable base to build larger systems, on a statewide or even a national level. This kind of standardization can help build more accountability on the whole drunk-driving problem.



Why don't all agencies and jurisdictions use it? Some just aren't aware of it. Some really don't have the time to do a thorough assessment. Others have some misunderstandings about how long or complicated it is. It really isn't that hard to use.

But the biggest problem may be that too many places have settled for less in the past. Maybe now the problem demands a procedure of this quality.

I-7. Second Practice Task

[1] Now that you have learned about the PIPD and what it can do, consider again the list of ideal qualities you prioritized in the First Practice Task.

[2] If you believe that the PIPD can fill one of those needs in your organization, put an X under YES next to each item on your list on Worksheet 1.

[3] For every need that you think it can't meet, write your reasons in the NO column.

[4] On the basis of your assessment, answer these questions for yourself:

Should the PIPD be used in my program?
If so, how can it be used most effectively?

I-8. Scoring of Pretraining Quiz

Complete the Pretraining Quiz and record your responses on Worksheet I. Then turn to page VI-3 to score your work, and record your score on the Worksheet. If you scored less than 10, review this section.

I-9. Posttraining Quiz

Test your mastery of Section I with the following multiple-choice quiz. Refer to previous pages if you need to. Record your responses on* Worksheet I, *and do not make any marks in this Guide.

1 Drunk-driving arrests constitute what percentage of all arrests in the United States?

a. 15%
b. 31%
c. 58%
d. (none of the above)

2 A standardized procedure for screening is desirable because

a. all cases will receive the same quality of treatment
b. it provides a basis for evaluating the total program
c. it provides a basis for State and national coordination
d. (all of the above)

3 One advantage of the *Interview* is that it

a. allows you to develop rapport with the person tested
b. measures the impact of the problem in several areas of the person's life
c. allows you to learn the person's own point of view on the problem
d. (all of the above are advantages)

4 **The time needed to complete the PIPD *Interview* is about**

a. equal to the time needed for most questionnaires
b. 90 minutes
c. 10-15 minutes
d. 30-45 minutes

5 **A test is considered *valid* if**

a. it accurately measures what it is intended to measure
b. it works the same way every time
c. the person tested agrees with the results
d. the users of the test are satisfied

6 **A BAC level of 0.20% indicates a**

a. nondrinker
b. social drinker
c. borderline problem drinker
d. problem drinker

7 **Your recommendations for treatment**

a. should be monitored to assure that they are effective
b. should be addressed to the needs of the persons who must act on them
c. may include recommendations for judicial action
d. (all of the above)

8 **Which of these is the PIPD screening process NOT intended to do?**

a. identify problem drinkers
b. provide classifications for recommending treatment
c. lead guilty drivers to confess to crimes
d. identify social drinkers

9 **The PIPD is recommended over other procedures such as the MAST because it is**

a. shorter
b. easier to administer
c. better at identifying problem drinkers
d. (all of the above)

10 **One of the advantages of the PIPD is that it**

a. is valid and reliable
b. provides data useful for program management
c. can be used as a basis for statewide monitoring
d. (all of the above)

Now turn to page VI-4 to score your work on Worksheet I. If you score less than 8, review this section before you go on.

I-10. Self-Evaluation

[1] If you scored 10 on the Pretraining Quiz and at least 8 on the Posttraining Quiz or were able to correct your work to 100% accuracy, you are informed about the PIPD and what it offers.

[2] If you completed the Second Practice Task and answered "NO" to the final questions, stop here. You will probably need a different procedure.

[3] If you answered "YES," go on to Section II: The Questionnaire.

Section II:

The Questionnaire

II-1. Objectives

In this section you will learn

1 to administer, score, and record the results of the PIPD *Questionnaire*.

2 to determine the level of a person's drinking problem from that score.

II-2. Preparation

Prepare to use these materials:

1 Worksheet II (Appendix G).

2 Your blank copy of the *Questionnaire* (Appendix A).

3 Your blank copy of the *Questionnaire* and *Interview Summary Sheet* (Appendix C).

4 *Scoring Key 1* and *Scoring Key 2.* Get this set of 5 marking templates from your supervisor.

5 A red pencil and a pencil of another color.

II-3. Pretraining Quiz

Study the following multiple-choice quiz. Mark your answers on* Worksheet II. *Do not mark this page. You are not expected to be able to answer all of these questions now. However, taking the test will prepare you to look for the answers.

1 **If a *Questionnaire* item is not answered you should**

a. count it twice in the scoring
b. subtract it from the total score
c. fill it in appropriately
d. (none of the above)

2 **Scoring Key 2 scores**

a. all items
b. 18 items dealing with problem drinking
c. 36 items dealing with anxiety
d. (none of the above)

3 **The *page total* score for Key 1 is**

a. subtracted from the total of Key 2
b. multiplied x 2
c. not included in final score
d. (none of the above)

4 **The *page total* score for Key 2 is**

a. multiplied x 2
b. subtracted from the total of Key 1
c. usually larger than the total of Key 1
d. (all of the above)

5 **The top part of the Summary Sheet shows which items**

a. are scored
b. indicate certain kinds of problems
c. should be disregarded
d. should be read aloud

6 **A line drawn through the answer spaces for a specific item indicates**

a. a problem drinker
b. that the event never happened to the person
c. that the person did not think it was applicable
d. (none of the above)

7 **Scoring Key 2 is not used on page 1 of the *Questionnaire* because**

a. it is used to score the *Interview*
b. there are no items scored by Key 2 on page 1
c. Key 2 scores items dealing with drinking habits
d. (none of the above)

8 **An extremely low score in a DWI case with a BAC of .18% may indicate**

a. a nondrinker
b. an extreme neurotic
c. that the person lied or misunderstood the questions
d. (any of the above)

9 **The scoring key template is lined up according to the**

a. numbers in the left-hand margin
b. parentheses
c. page number
d. (none of the above)

10 **A person who has an extremely high score on Key 2**

a. will have a low score on Key 1
b. is an alcoholic
c. should be excused from the Interview
d. may need immediate mental health care

Remember these questions as you read this section. Complete or change your answers as you learn. By the time you finish Section II you should have all of the questions answered correctly.

II-4. First Practice Task

Read the following background information on Michael Rainey. Then make a preliminary determination:

Is Rainey a social drinker? a potential problem drinker? or a problem drinker? Or do you not have enough information to decide? Write your first assessment on *Worksheet II,* and list your reasons.

DWI—First Arrest — Case Number: 99-1

Date of Arrest:	30 August 1984
Name:	Michael Rainey 1325 Kensington Avenue, Center City
Date of Birth:	15 April 1959
Employment:	Sales Representative Nationwide Industrial Machinery, Inc.
Present Offense:	DWI arrest at BAC of 0.11%. Also charged with speeding (45 MPH in 25 MPH zone) and going through a STOP sign. Officer's arrest report states that Rainey at first refused to pull over, then became loud and abusive. Officer reports smell of alcohol on Rainey's breath and clothing. Reports that Rainey first refused, then agreed to take the BAC test.
Court Status:	Convicted of DWI.

II-5. Introduction

To administer the* Questionnaire, *follow these steps. The Case Study will demonstrate most of them in more detail.

Prepare

[1] Schedule at least 20 minutes for each session. It should only take about 5 to 10 minutes to fill out the form, which will allow time for you to explain the procedure and collect the forms. Decide whether you will administer the *Questionnaire* to individuals or to small or large groups.

[2] Provide a space that is clean, well lit, well ventilated, quiet, and large enough to seat everyone comfortably. You will not need absolute privacy, but be sure that you can control the area and keep out other traffic.

[3] Prepare enough copies of the form and a supply of #2 or #3 pencils with good erasers. Have a red pencil and a pencil of another bright color to score the forms. Prepare a file for the forms.

[4] Do not let anyone else into the room (such as family, friends, or *attorneys*) to help people complete the forms. Do not allow anyone to leave the room with blank or completed forms.

Administer

5 Introduce yourself and explain the purpose of the *Questionnaire.* Answer relevant questions. Be sure that the people understand why they are there, and why they should cooperate, before you begin. Some people may arrive intoxicated. In such cases do not administer the *Questionnaire,* but reschedule the session.

6 Give a pencil and a copy of the form to each person. Read the direction from the front cover and answer any questions. Remind them to ask you for help, not each other.

7 Watch while the forms are being completed and assist only if someone is having trouble responding to the items. Do not get into extended conversations about the test or specific items.

8 Collect the forms when they are completed. You may want to ask the people to wait in another room while you score and record the results, especially if you will use the Interview next. You do not have to administer the Interview on the same day, however.

Score, Record, and Analyze

9 Score the forms and record the results as demonstrated in the Case Study. Keep the scoring keys in a safe place where no one can see them except staff authorized to do the scoring. You may want to keep the keys in one large envelope or folder and sign them out for each use. Count all of the scoring templates before and after using. You may want to order a duplicate set from DOT/NHTSA (see Section VII).

10 Analyze the score and the responses as demonstrated in the Case Study. The score will indicate the level of the drinking problem. Fifty-four of the 58 items are scored. Thirty-six of the items measure drinking behavior and are scored by Key 1. Eighteen of the items measure neurotic attitudes and are scored by Key 2. Together, they help to identify the emotional and behavioral profile of the problem drinker. For example, problem drinkers are more likely than most people to

- be isolated, living alone, and possibly divorced or separated.
- (if married) be having marital problems, including threats of separation or divorce.
- be having problems with other family members, especially parents and children.
- have a history of alcoholism in the family, especially in near relatives.
- have undergone great stress recently, such as the death of someone close, or crises in health, work, finances, or family life.
- have undergone stress for a continued period without breaks or vacations.

- feel that their problems are abnormal, and to feel anxious, worried, depressed, and overwhelmed by the demands of society.
- feel persecuted and unfairly treated by others.
- feel guilty, sinful, and immoral because of their failures.
- be unable to make enough income to meet their basic needs, and feel that their creditors harass them for payment.
- be able to drive after drinking five or more drinks at one sitting, and to do so regularly (though not safely).
- be heavy smokers, and to use other drugs to counter the effects of alcohol.
- have had their driving license revoked, suspended, or limited for motor vehicle code violations.
- have been previously arrested, often for drinking-related offenses.
- sleep poorly, and perspire heavily in their sleep.
- feel that drinking helps them to ease their problems and be more like other people, and to help them make friends and get started in doing things.
- have asked for help for these problems, especially from community social service agencies.

Of course not all problem drinkers will have all of the same characteristics. The* Questionnaire *will help you to identify which ones apply to each case, and the* Interview *will develop this profile in more detail.

II-6. Case Study

In this part of the case study you will see Beverly Tyree, an administrative aide, administer the *Questionnaire* to three people: Michael Rainey, Mr. Sobens, and Mrs. Burton. Mr. Sobens was arrested for DWI with a BAC of .18% and resisted arrest until subdued by police. Mrs. Burton was arrested at a DWI of .11% while sitting in her car on the side of the highway, and said she was returning from her son's wedding and got confused.

After administering the *Questionnaire,* Ms. Tyree will meet with Marie Williams, her supervisor, to learn how to score, record, and analyze the results.

Introducing the Questionnaire

TYREE: Good morning. My name is Beverly Tyree. The court has asked us to get some information from you on this short form. It isn't difficult to complete, and shouldn't take more than 10 minutes. I'll be here to answer your questions, so please raise your hand if you need help, but don't ask each other. . .

Notice that she told them how long it takes to finish. This helps to get a better first response.

. . . Please follow along as I read the directions on the front cover. (She reads all of the directions on the front cover of the Questionnaire.*) When you see words like "often" or "seldom" or "normal," think what the word means to you.*

Notice that she did not call it a "test." This might make some people feel threatened and uncomfortable.

Responding to Hostility

Remember that some people may be embarassed and angry, and you will have to deal with them tactfully and keep them focused.

SOBENS: This is nobody's business but mine! I'm not answering this until I talk to my lawyer.

TYREE: (quietly) That's up to you, Mr. Sobens. But remember that you were ordered by the court to comply. Do you want to turn in your form now? Or would you rather finish it?

SOBENS: Give it back to me. Let's get this over with.

best copy available

Responding to the Questions

Answer questions briefly, and don't get involved in extended discussions or explanations about the test or items in it. Remember that many of the items deal with personal fears and worries, and some people might find this confusing or intrusive.

RAINEY: Hey, why does this ask about my worries instead of about my driving?

TYREE: The questions tell us what kinds of problems you might have that might be related to drinking, Mr. Rainey.

RAINEY: Then I've not nothing to worry about. The only problem I've got is this phony DWI arrest. Say, what kind of score do I need to ace this test?

TYREE: There are no right or wrong answers, Mr. Rainey. They are all useful in getting the information we need to make the best recommendations in your case.

Notice that she did not explain the scores or scoring procedure.

Responding to Nonreaders

Watch for people who seem confused and unable to fill out the form. They may be unable to read it because of poor eyesight, lack of reading skills, or other problems.

TYREE: Are you having trouble reading the form, Mrs. Burton?

BURTON: I forgot my glasses. I can read all right but I can't see too good.

TYREE: Wait until the others finish and I can read the questions to you. Would that be better?

BURTON: I guess so. . .

Administer the Questionnaire later, in a quiet, private place. Read the questions in an easy, natural tone of voice, and don't make any comments about the person's responses.

TYREE: What is your present marital status?

BURTON: My what?

If the person doesn't understand the question, reword it.

TYREE: Are you married?

BURTON: Divorced.

Mark the person's responses on the form. If a person refuses to answer a question, count it in the page total if it is a scored item.

Scoring and Recording

WILLIAMS: Well, how did you like administering the Questionnaire*?*

TYREE: No problems. I had one who was mad, one who was confused, and one guy who's a real charmer.

WILLIAMS: Good. I'll get you started on giving the Interview *next week. Now show me how you score these forms.*

TYREE: I will if you will get the Scoring Keys out of your locked file.

WILLIAMS: Remember to check to see that all of the scoring templates are there every time you sign the set out. And check each one back in when you're done. We don't want these in anyone else's hands.

TYREE: I'll start with Mr. Sobens, the man who didn't want to fill out the form.

Name _____

Date _____

Questionnaire

- Before you begin, please print your name and the date at the top of this page.
- Please answer every question.
- Do not spend too much time on each question. We wou like your first impressions, so try to answer with the firs thing that comes to mind.
- Answer each question in the order that it appears.
- Mark an X or check (✓) for the TRUE (yes) and FAL (no) questions.

...ked to answer with a number, ...rovided.

Then I look through the round *holes for checkmarks, or for numbers that match the ones printed on the key. And when I find them, I circle them with the red pencil.*

If I see any items that don't *have a response marked, I count them into the total.*

If I see any that have a line *drawn through the spaces, I don't score that item.* [2]

Appendix A

[1] What is your present marital status?

1. single
2. separated
3. divorced
4. widowed
5. married

Enter number here ..... (#

[2] With whom do you li

1. alone
2. with friend(s)

TYREE: When I finish the page, I count the marks. And I write the total in the matching square in the middle of the Summary Sheet... [3]

Then I do it again for Page 2 and Page 3... [4]

Then I add the page totals for all three pages. That's 4 + 3 + 9 = 16... [5]

And I multiply that total times 2 — 16 × 2 = 32. And I write that score in the TOTAL column. [6]

WILLIAMS: You're half done. Perfect so far.

Appendix C

Questionnaire and Interview Summary Sheet

NAME _____ CASE# _____

QUESTIONNAIRE	YES	SUBJECT AREA
1, 3, 4, 5, 10, 24, 38		Marital, Family Problems
14		Recent Stress
6, 11, 27, 32		Financial Difficulties
		MENTAL HEALTH
9, 18, 22, 35, 36, 40		Abnormal problems
12, 16, 29, 30, 33, 40		Nervousness, Restlessness, Agitation
53, 57, 58		
17, 28, 31, 39, 55		Sadness or Depression
23, 26, 48, 49		Self Denunciation
28, 34, 52, 54, 55		General Dissatisfaction
20, 30, 41		Sleeping problems
19, 42, 47		Worry, Fear
52, 58		Boredom
27, 46		Resentment
12, 14, 25, 29, 34, 36		Inability to Cope
43, 44		
18, 25, 37, 38, 43, 44		Drinking-Related Problems
45, 50, 51, 57		

		Page 1	Page 2	Page 3	Page Total
QUESTIONNAIRE SCORE	Key 1				
	Key 2	0			
	(Subtract Key 2 from Key 1)				Q = QUESTIONNAI

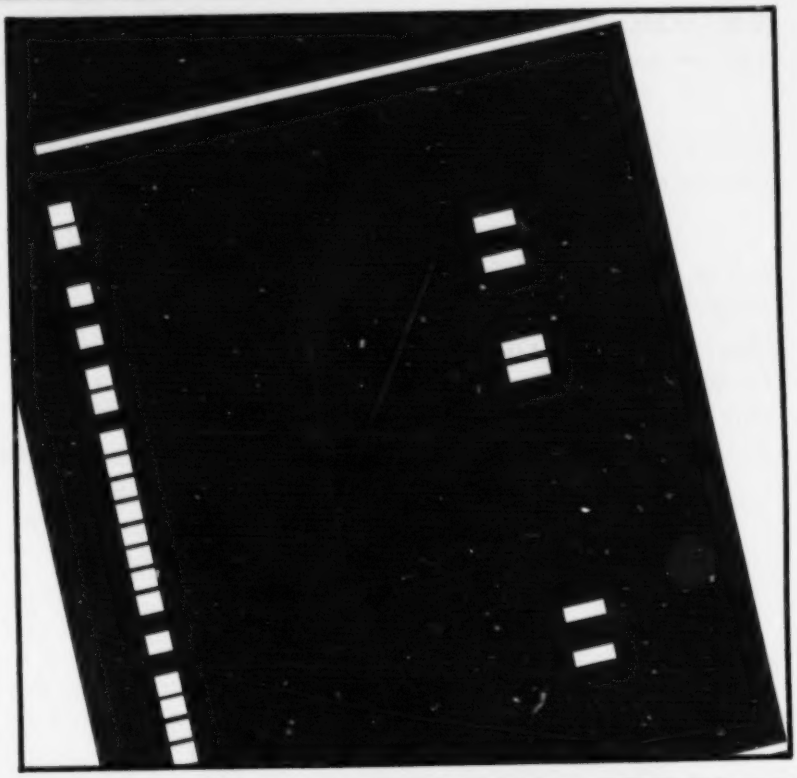
INTERVIEW PAGE	YES	SUBJECT AR
1, 2		Poor Physical Health
2		Disability: Related Problems
3		Previous Arrests #_____
3, 4		Had Been Drinking #_____
5-8		Poor Driving History
5-8		Poor Drinking Controls
9, 10		Indication of Physical Dependenc
9, 10		(Compulsion to drink; trembling
11, 12		vomiting and nausea)
		Marital Problems
		Family Problems
		Poor Work History

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	PAGE TOTAL
INTERVIEW SCORE	0									0	0	0			
	(ADD TO I SCORE)														I—INTERVIE
KEY 3															QUESTIONN
															FINAL TOTA

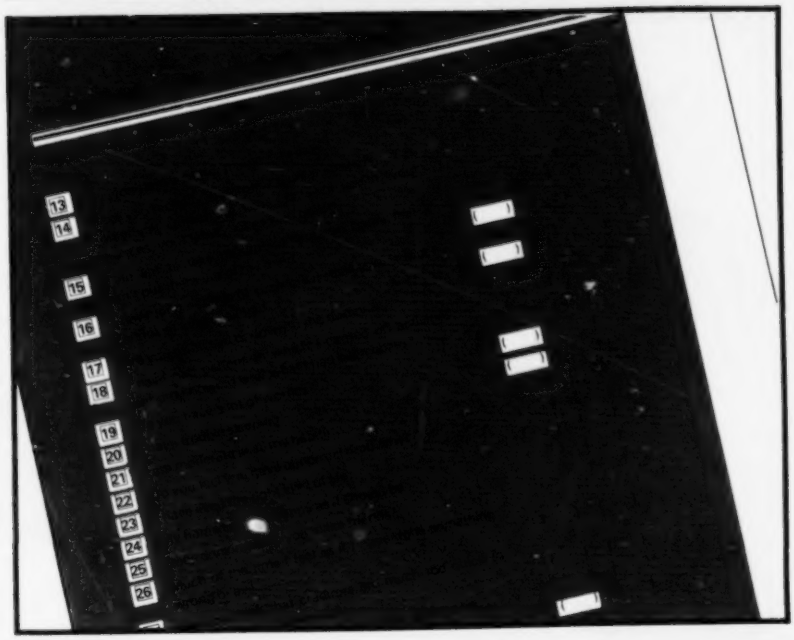
TYREE: Now I take Scoring Key 2, and do it again. Wait—where is the scoring template for Page 1? [7]

WILLIAMS: There isn't any because there aren't any items on that page that are scored by Key 2.

TYREE: Fine. So I start with Page 2. And I use a different colored pencil so I don't confuse the marks with those from Key 1... [8]



For Key 2 I got 0 + 4 + 6 = 10. Now I subtract *that total from the* Key *1 total to get my final Q score: 32 − 10 = 22.* [9]



Analyzing the Results

WILLIAMS: And what does that tell you?

TYREE: It tells me how to classify the drinking problem.

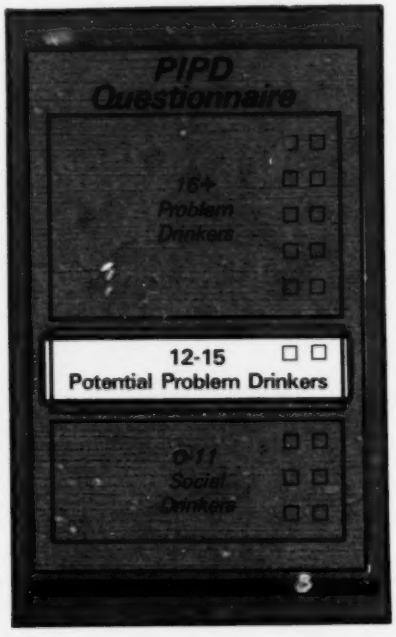
If 0 to 11 shows a Social Drinker. . . and 12 to 15 shows a potential Problem Drinker. . . then this shows that Mr. Sobens is a problem drinker.

WILLIAMS: That's right. Now finish the top part of the Summary Sheet.

TYREE: Let's see: Sobens check off scored items 14, 19, 20, 27, 31, 39, 41, and 56 on this list. So I put a checkmark for each one in the YES column. That shows he's got problems with stress, sleeping, sadness or depression, and fear or worry.

And the items scored by Key 1 indicate that he drives after drinking heavily.

WILLIAMS: We'll use that checklist and the scores when we draw up our recommendations.



TYREE: Could someone get a lower score by lying?

WILLIAMS: They might, especially if they've taken other tests like this one and know how they work. If someone got an extremely low score—say, 0 to 3 or 4, and had a high BAC, I'd think they lied or misunderstood the form.

And there are some safeguards built in. Some of the questions are repeated with a different emphasis. And some of the questions have more weight than others.

TYREE: Is that why the Key 2 score is subtracted from Key 1?

WILLIAMS: Yes. Key 2 scores 18 questions dealing with anxiety and neurosis. Most problem drinkers have many fears and worries that they try to cope with by drinking. Someone who got an extremely high score on Key 2 would probably need psychiatric attention fast.

TYREE: I might get a high score on Key 2 myself, and I don't even drink. But I've been through a lot of stress from my divorce, have all kinds of problems that make me lose sleep and smoke too much, and so on.

WILLIAMS: But you haven't been arrested for DWI, and the test items were based on problem drinkers. So you wouldn't score as much on the 36 items scored by Key 1. And remember that the key 1 items are multiplied by 2 to give them more weight.

TYREE: 36 and 18 totals 54. Are there four items that aren't scored by either key?

WILLIAMS: That's right: questions 1, 5, 6, and 11. And the Interview has many more questions that aren't scored. But they are all important in setting up the other questions, and giving us information about the person's life that can affect our recommendations.

TYREE: Now let's see how Mrs. Burton and Mr. Rainey did. . .

II-7. Second Practice Task

[1] Read the list on the following page. It shows the responses Michael Rainey made to each item on the *Questionnaire.* Copy them carefully onto your blank *Questionnaire* form.

[2] Compare these responses to the information you already have on his case to see if you find any inconsistencies. Pay attention to items 4, 9, 10, 37, 38, and 43. Note any inconsistencies on *Worksheet II.*

[3] Score the *Questionnaire* with both keys.

[4] Record the results on your blank Summary Sheet. Total the score, and complete the Subject Area checklist.

[5] Determine the level of Rainey's drinking problem (if any) on the basis of the *Questionnaire* score alone. Write your assessment on *Worksheet II.*

[6] Compare the result with your preliminary determination. Has your assessment changed? If you disagree with the test results, what is your evidence?

Second Practice Task

Michael Rainey's Questionnaire Responses

1. 2
2. 1
3. 1
4. No
5. Yes
6. Yes
7. Yes
8. 15
9. No
10. No
11. Yes
12. Yes
13. Yes
14. No
15. Yes
16. Yes
17. No
18. No
19. No
20. Yes
21. Yes
22. No
23. Yes
24. No
25. Yes
26. No
27. No
28. No
29. No
30. No
31. No
32. 5
33. No
34. Yes
35. (No response)
36. 0
37. No
38. No
39. No
40. No
41. Yes
42. No
43. No
44. 4
45. 3-4
46. No
47. No
48. No
49. No
50. No
51. Yes
52. Yes
53. Yes
54. No
55. No
56. Yes
57. Yes
58. Yes

7 Read the rest of the Case Study for this section on page II-30. It shows the results you should have gotten. Compare your work and correct it if necessary.

II-8. Scoring of Pretraining Quiz

After you finish the Case Study, complete your Pretraining Quiz. Then turn to page VI-3 to score your work. Record your score on *Worksheet II.* If you scored less than 10, review this section before you go on.

Questionnaire Scoring for Michael Rainey

TYREE: Looks as if Mrs. Burton just had too much celebrating at her son's wedding party that night. Her score was only 7.

WILLIAMS: Good. Tell her she can leave. We won't need to use the Interview. We'll recommend an alcohol education program for her. How about Rainey?

TYREE: For Key 1, I got page totals of 4 + 4 + 3 = 11. Multiplied by 2, that makes 22. [1]

For Key 2, I got page totals of 0 + 3 + 4 = 7. Subtract the 7 from the 22, and his final score is 15. [2]

WILLIAMS: Right on the borderline of being a problem drinker. . .

TYREE: The Summary Sheet checklist shows that he has problems in the areas of sleeping and general dissatisfaction, which doesn't tell me much. [3]

I'm surprised by this score, I really am. It seems too high. He gave me the impression that he had his life together.

WILLIAMS: I'd like more information. Let's check these results by giving him the Interview.

II-9. Posttraining Quiz

***Before you go on to the next section, test your mastery of the content again. Mark your responses on* Worksheet II.**

1 **The *Questionnaire* is harder to score than the *Interview* because**

a. you have to score it with a red pencil
b. you must score it twice, with different scoring weights
c. you must multiply the total score × 3
d. (none of the above)

2 **Most of the items in the *Questionnaire* ask about the person's**

a. drinking history and previous arrests
b. driving skills while drinking
c. arrest record and contact with social agencies
d. personal and social adjustment, and drinking habits

3 **A final *Questionnaire* score of 25 would indicate**

a. a social drinker
b. a potential problem drinker
c. a problem drinker
d. (none of the above)

4 **If a person did not complete several items you should**

a. disregard the Questionnaire as invalid

b. count each scored item omitted

c. rely more heavily on the Interview and other information

d. (both b and c above)

5 **The numbers in the left-hand margin**

a. are used to line up the scoring key templates

b. identify the item

c. indicate the scoring weight for each item

d. (both a and b, but not c)

Score your responses according to the scoring key on page VI-4. Record your score on **Worksheet II.** ***If you did not score at least 4, review this section before you go on.***

II-10. Self-Evaluation

At this point you should have shown your knowledge of the content by:

[1] completing the Pretraining Quiz to 100% accuracy.

[2] scoring at least 4 on the Posttraining Quiz.

[3] completing the scoring of a sample completed *Questionnaire* in the same way as done in the Case Study.

[4] correctly determining the level of the drinking problem on the basis of the *Questionnaire* score alone.

In Section III: The Interview you will get much more information about Rainey's case. See if it supports or changes the determination you have made so far.

Section III:

The Interview

III-1. Objectives

In this section you will learn:

1 to administer, score, and record the results of the PIPD Interview.

2 to determine the level of a drinking problem from that score.

3 to determine the level of the problem from the combined score of the *Questionnaire* and *Interview* (Q + I).

III-2. Preparation

Prepare to use these materials:

1 *Worksheet III* (Appendix G).

2 Your blank copy of the *Interview* form (Appendix B).

3 Your partially completed *Summary Sheet* (Appendix C).

4 *Scoring Key 3.* Get this set of 10 scoring templates from your supervisor.

5 A *red pencil* to do the scoring.

III-3. Pretraining Quiz

Study the following multiple-choice quiz. Mark your answers on* Worksheet III, *not on this page.

1 **The *Interview* should be administered by**

a. alcoholism counselors only
b. probation officers
c. trained nonprofessional staff or volunteers
d. (any of the above, or any other trained person with interviewing skills)

2 **If a person refuses to answer a question you should**

a. leave the parentheses blank and go on
b. stop the interview
c. mark an R in the parentheses
d. mark a vertical line (1) in the parentheses

3 **If a person's response to a question seems to be evasive or misleading you should**

a. record it without comment
b. cautiously probe further
c. leave the parentheses blank
d. warn that the statement may be used in court

4 **The total score for *the Interview* is**

a. subtracted from the *Questionnaire* score
b. added to the *Questionnaire* score
c. entered on the Treatment Evaluation Form
d. multiplied × 2

5 **A total score of 90 on the *Questionnaire* plus the *Interview* indicates**

a. an error in scoring
b. denial of a drinking problem
c. a social drinker
d. a problem drinker

6 **Because of his age Michael Rainey's drinking problem**

a. is less serious
b. is more obvious and easier to identify
c. is harder to identify
d. does not exist—he is too young to have developed one

7 **According to the *Interview,* Michael Rainey shows which of these signs of possible alcohol abuse?**

a. abdominal pains
b. physical injury caused by accidental fall
c. difficulty in sleeping
d. (all of the above)

8 **A problem drinker is more likely to vomit or be nauseous**

a. during a heavy drinking session
b. only if eating during a drinking session
c. the morning after a heavy drinking session
d. (none of the above)

9 **Which of these behaviors of Michael Rainey may indicate a drinking problem?**

a. using tranquilizers to get to sleep
b. being violent and abusive
c. being unable to handle a job
d. (a and b, but not c)

10 **Which of the following is NOT one of the skills need to administer the *Interview* effectively?**

a. recognizing the symptoms of alcohol abuse
b. establishing rapport and trust
c. doing the basic math in the scoring
d. writing reliable test questions

Again, remember these questions when you read this section and complete or correct your responses.

III-4. First Practice Task

Read the following information on Michael Rainey and reconsider your current determination of the level of his drinking problem. It summarizes many of his responses to the Interview, but is not part of the official PIPD records.

Case: Michael Rainey Case Number: 99-1

Appearance: General appearance is that of a normal young adult male. Shows no signs of handicaps or injuries. Looks slightly overweight but energetic and athletic. Moves quickly, nervously. Eyes look tired but clear. Skin is slightly flushed. Shows no hand tremors. Fingers are nicotine-stained but not blistered. Clothes are stylish and slightly flashy; wears expensive jewelry. Smokes steadily.

Attitude: Presents himself as cooperative and confident, but watches other people's responses closely, and evidently wants to direct the situation. Sometimes takes offense at a question but controls his anger quickly and smiles and apologizes. Says that he is impatient with "stupid people." Generally appears proud of himself and considers himself a successful realist.

Job:

Presents himself as an aggressive, competitive, ambitious, hard worker in a stressful and demanding job. Admits to some conflicts with co-workers and supervisors, but says this is normal in his firm. Intends to break sales records and become district manager in five years. Is very concerned about losing his license, as his job depends on a lot of driving to see clients. Says he lost thousands of dollars in income from a previous license suspension. Was fired from his first sales job four years ago for arguing with his boss.

Health:

Admits that his health habits could be better. Complains almost proudly that he is tired and irritable and sleeps poorly because he works so hard. Says he has no serious illnesses or mental problems. Is proud of his body, his quick reflexes. Says he is now taking muscle-relaxant medication on his doctor's orders, for a back injury from slipping on a wet sidewalk a month ago. Admits to stomach pains for the past year, made worse by drinking; thinks he is getting an ulcer. Wants to diet, exercise more, and cut down on smoking and drinking, but says his job makes this difficult. Uses tranquilizers and sleeping pills to get rest, especially on long road trips.

Personal Life:

Says he is too busy to maintain close friendships, but knows many people in several States. Has been separated from his wife for the past year and she has once threatened to sue for divorce. Says that "she wanted me to make the money, then complained when I was too tired and nervous at home." Says that he is self-reliant, a self-made success earning over $40,000 last year. Continues to make payments on his house (where his wife lives alone), and on his car and hers. Enjoys gambling heavily. Says his wife and father told him to cut down on drinking, but says that they don't understand what his job demands. He despises his father as someone who could not control his own drinking. Says that a "real man" controls the problems in his life, and the only problem in his life now is this DWI arrest.

Present Arrest:

Says that he had "a couple of" drinks that day to celebrate a big sale, then was arrested while rushing to help his wife with a problem. Denies being drunk or abusive. Says that BAC tests are inaccurate and unreliable. Says that police abuse their authority and "push people around."

Driving Habits:

Normally drives 600-800 miles a week to serve customers in four States. Admits to being a fast, aggressive driver; says he is expert. Always drives himself home even after drinking heavily. Says that he has never had an accident, not even a dent or scratch.

Drinking Habits:

Drinks daily on the job. Says it is usually 1-2 drinks at lunch, and 1-2 more at dinner, especially when entertaining clients. Says he seldom drinks on weekends, except rarely at parties. Says he never drinks alone or in the morning: "Only alcoholics do that, right?" Would like to cut down but says the job demands it. Says that he never "*needs*" a drink, but "really *wants*" one badly only when he needs to relax, or to get "up" for a high-pressure situation, or when everything "just goes wrong." He admits that he drinks, and enjoys alcohol, but states that he is in control of it: "I *use* drinking—it doesn't use me."

Has your determination of Rainey's drinking problem changed or remained the same?

Does this information support or challenge your previous information on the arrest, or the Questionnaire ***responses and results?***

Write your assessment and your reasons on Worksheet III.

III-5. Introduction

To use the* Interview *effectively you should:

- have the basic reading and math skills necessary to understand the materials and do the scoring.
- be able to follow the directions for administering and scoring explained in this Guide.
- be able to communicate your findings from the results and to maintain the file.
- be able to recognize the more obvious symptoms of alcohol abuse.
- communicate effectively and establish trust, rapport, and cooperation.
- recognize denial or evasion of a drinking problem.
- use the structure of the Interview to get the information you need to make a good assessment.
- pace the Interview, and know when to let the person talk and when to move on.
- if necessary, be able to speak another language used by the person being interviewed.

You will not be able to develop all of these skills simply by completing this Training Guide. Some will come only from experience with problem drinkers. Others, such as interviewing skills, you may learn through additional face-to-face training and practice. But even if you have not done interviewing before, the structure of the Interview will help you to get valuable information for your assessment.

To administer the* Interview, *follow these steps:

1 ***Prepare the* Interview.**

- Schedule at least one uninterrupted hour for each interview, if you can. You may need less time as you grow more experienced. Plan enough time to review the file, administer the Interview in as much depth as needed, and score, record, and analyze the results.
- Have all files and forms ready, and clear your desk area of other work. Give the *Interview* your full attention. Don't interrupt it to take calls or do other business, if possible.
- Plan to administer the *Interview* in a quiet, private, clean, comfortable, attractive place that will help to put the person at ease.
- Do not allow anyone else (including *attorneys*) to attend the *Interview* and coach or otherwise assist the person.
- Arrange the chairs so that you are fairly close together and can see and hear each other easily. Don't distance yourself by sitting behind a desk, or having your chair on a higher level.
- You may want to provide ashtrays or coffee to help the person relax.

2 ***Use your first impressions.***

- Notice the person's clothing, hair, and general appearance as indications of their control in presenting themselves in public.
- Shake hands to greet the person and to get a sense of their emotional state. Remember that most people will be nervous and uneasy, at least at first.
- Notice their "body language"—eye contact, eye movement, facial expressions, and so on—and their tone of voice to assess their emotional condition.
- Look for physical handicaps or injuries that might be causing physical and/or emotional pain, and look for the symptoms of alcohol abuse described in the Case Study.

3 ***Build rapport.***

- Take time to allow the person to relax a bit.
- Treat the person as an equal. Don't try to intimidate them or use vocabulary they can't understand.
- Use a friendly tone of voice, keep eye contact, and show by your body language that you are interested.
- Show personal interest and concern. You may want to start by asking casual questions about their hometown or neighborhood.

4 *Question effectively.*

- Lead toward the purpose of the interview. Emphasize that it will help to give the best and fairest treatment, as well as being required by the court.
- Check to see that the person understands and will cooperate before you begin.
- Know how to use the two kinds of questions in the Interview:

Direct questions are used to obtain facts. Most ask for a yes or no answer or for a number (such as the number of drinks per sitting). Some people may feel defensive and "put on the spot" by such questions, but be sure to ask all of the relevant questions. Ask these questions directly, record the response, and move on to the next question.

Open-ended questions allow a variety of responses by asking for the person's point of view. Such questions are usually less threatening. You can often get unexpected information and insights by letting the person talk. Allow as much time as you can if it is productive, but recognize when it is time to move on. You may want to take notes on what the person says.

- Read the questions in a normal tone of voice and avoid a monotone or a judgmental tone.

- Listen actively, and restate or paraphrase the person's response if you aren't sure that you understood it. This doesn't mean that you agree with what they said.
- Listen for contradictions. A person may contradict something said earlier in the Interview, or a response on the *Questionnaire,* or facts in the Critical Records. Record what the person tells you, even if you doubt it, but remember it when you are analyzing and cross-checking the results.

  You may want to point out the contradictions very tactfully. Be careful not to make the person feel attacked. Some experienced interviewers find it useful to challenge responses which seem evasive or dishonest. You will need skill and experience to do this effectively.

5 ***Score, record, and analyze the results.***

- Follow the steps in the Case Study to score, record, and analyze the results. The *Interview* contains 212 items as parts of 69 main quesitons. Only 52 of these items are scored. (The highest possible score is 52 × 4 = 208.) But every item is important, and you should ask every relevant question. You will not have to ask every question or deal with every item. For example, if the person is single you will skip the sections dealing with marriage, separation or divorce, and widowhood. If they are in excellent health you will skip the items on specific illnesses, and so on.

Remember that the* Questionnaire *led you to look for a certain profile of attitude and behavior in the problem drinker. The Interview expands and details this profile in five areas of the person's life: health, present and previous arrests, family and social life, drinking habits and patterns, and work. Problem drinkers are more likely to:

- drink more (four to five drinks or more per sitting) and more often than their peers.
- brag about their drinking (especially in the early stages), and talk about being "bombed," "plastered," and so on.
- drink alone or with strangers and casual acquaintances.
- complain about being badly treated by others, such as spouses, family, bosses, and "the system."
- lose control and become rowdy, rude, or violent (especially males).
- become passive, withdrawn, hopeless, and self-pitying.
- crave a drink to deal with stress, or to get started to do things.
- have gastritis, nausea, and other abdominal pains.
- be aware that drinking is damaging their health, and to admit it.
- drink early in the morning in order to deal with nausea and trembling hands (signs of alcohol withdrawal).
- drink before work in order to hide nausea and tremors.
- drink late at night in order to sleep.
- use alcohol as a medicine to deal with the effects of addiction and withdrawl.
- use other drugs to counter the effects of alcohol.
- be disoriented, and not know what time it is or where they are.
- forget what they did or where they were (blackouts) while drinking, even for weeks or months. This amnesia may be an escape from guilt. *Note:* A blackout is not the same as "passing out," when a person loses consciousness while drinking and cannot function.

- drink on binges; that is, to drink continuously for an extended period of time, for days or even weeks. Binge drinking is an abnormal pattern in terms of time, not amount consumed.
- hide liquor in order to have it near at hand, or so that others don't know how much they are drinking.
- vomit or being nauseated the day after heavy drinking. *Note:* Most alcoholics don't get sick *while* drinking. The nausea and vomiting is a withdrawal symptom that may be eased by more drinking.
- have been unable to complete their schooling.
- change or lose jobs often.
- lose time from work to recover from drinking.
- choose work that makes it easier to drink on the job.
- have more accidental injuries on the job or at home.
- be aware that they are not controlling the problems in their lives.
- have a history of contact with social agencies to cope with these problems.
- have been treated for drinking problems before.
- (in advanced cases) have seizures, hallucinations, and *delirium tremens* (DTs).

Obviously a person with all of these characteristics would be relatively easy to recognize. But most problem drinkers and borderline problem drinkers will have different combinations of these signs, and in different degrees. Use the Interview as a structured opportunity for a dialogue which encourages them to tell you about their problems. Some problem drinkers will evade, deny, and lie in response to the questions. But for many it may be the chance they have been needing to invite help.

III-6. Case Study

In this section Ms. Williams administers the Interview to Rainey, then teaches Ms. Tyree to score, record, and analyze the results.

Establishing Rapport

WILLIAMS: Mr. Rainey? My name is Marie Williams. Please come in, and have a seat. Here's an ashtray if you'd like to smoke. Would you like some coffee?

RAINEY: Call me Mike. And I would like some of that coffee, black. Are you going to help me with this DWI?

WILLIAMS: I know you're very concerned. That's why I asked you in for the Interview, *so I can hear your point of view. It would be hard to make good recommendations without it.*

RAINEY: It's about time somebody asked to hear it.

WILLIAMS: You can help by telling us the kind of information that only you would know.

RAINEY: Good enough. Let's get started.

Looking for Symptoms

As you begin, look for signs of alcohol abuse. You don't need to be an alcoholism specialist to recognize many of them.

Does the person look ill, or older than the stated age?

Is the skin flushed? Are the eyes bleary? Bloodshot? Unfocused?

Are the fingers stained from excessive cigarette smoking? Are they blistered? Do they shake? Are any damaged or missing?

Can you see any physical handicaps or injuries that alcohol might be used to relieve? Hear any difficulty in speaking?

Are the clothes in good condition? Or are they dirty or torn, or have burn holes?

If the person arrives intoxicated, stop the interview and reschedule it. If you are not sure, you may check by using the horizontal gaze mystagmus test if you know how, or have the person take the BAC breath analysis test if it is available.

Explaining The Interview Process

WILLIAMS: What I'm going to do, Mike, is to ask you a series of short questions. Most of them will only need a yes or no answer. But if you'd like to explain or add details, please do.

RAINEY: I've got a lot to say about this DWI business. It's a mistake, and I want it straightened out. Fast.

WILLIAMS: If you don't understand what a question means, please ask.

RAINEY: I understand. Let's get it over with.

Be sure that the person understands what the two of you will be doing, and why, before you begin questioning. You can use the Introduction on the cover of the* Interview, *or use your own words to explain.

Asking the Questions

Move steadily through the* Interview. *Ask the question exactly as it is worded on the form. Rephrase it if it isn't understood. Record the person's response at once, and move on to the next question.

WILLIAMS: Do you have a valid license now?

RAINEY: Hey, I wouldn't drive without one. I'm not that stupid.

And make sure that you get a definite answer.

WILLIAMS: So your answer to that question is yes?

RAINEY: Right, that's what I said.

Be careful not to indicate by your tone or expression that you are making any kind of judgment, or agreeing or disagreeing with what the person said. Don't say "Good," or show approval. People pick up even very subtle cues quickly and try to give you the responses they think you want.

Recording the Responses

Be sure that you record a mark on the form for each of the items, even if you don't need to ask the question. Use the marks described on the cover of the Interview form:

- **If the answer is yes or no, draw a line through the Y or N.**
- **If a number is required, write it in the blank.**
- **If an item is relevant but doesn't call for a yes or no answer, put a checkmark or X in the blank.**
- **If the question is not applicable, put a vertical line (1) in the parentheses.**
- **If the person refuses to answer, put an R in the parentheses.**

Allowing Open-Ended Responses

Use the Interview to get the person to explain and describe personal problems in a way that a **questionnaire** ***cannot. Remember that you can paraphrase or even quote the person's own remarks in making your recommendations.***

The first section of the Interview is very useful in this way. It asks about the person's health, and this allows you to show supportive interest in their problems. Let them describe their problems in their own words.

WILLIAMS: How is your general health, Mike? Would you say that it's excellent, good, or not so good?

RAINEY: Not so good. I haven't really been sick, but I've been tired a lot of the time. But it's hard to sleep. Thank God for sleeping pills! I'm on the road all the time, so it's hard to live a normal life. I don't get to eat right, or exercise, or . . .

Probing

If you think a response is incomplete or misleading, probe further. But be careful not to make the person feel attacked. This could limit their cooperation for the rest of the interview.

WILLIAMS: Have you had any serious injury or illness in the past, Mike?

RAINEY: No. Wait, there's my back problem.

WILLIAMS: A back injury? How did it happen?

RAINEY: About a month ago I was coming out of a restaurant after lunch with a client. Remember last month, when it was raining all the time? I slipped on the wet sidewalk. I should have sued that place!

WILLIAMS: Do you usually have some drinks when you lunch with clients?

RAINEY; Yeah, I had a couple. But hey, that's not what made what made me fall. It was raining so hard you couldn't see the curb.

Record the response even if you doubt it, but remember to check it against other information if you can.

Explain Key Words

Explain any key words that you think might be misunderstood.

WILLIAMS: Have you gone on a drinking spree *or* binge *in the last five years?*

RAINEY: Oh yeah, I told you that I like to party. We really put a lot of beer away at those parties in college!

WILLIAMS: Do you mean that you drink continuously for two days or more without sobering up?

RAINEY: Oh, no. I thought you meant how much I drank, not how long. How could I do that now and still do my job? Maybe I did that once or twice in college. But not since then, no.

So that's what binge is, or a spree? Here I am, been drinking for ten years and I never knew that!

Pursuing Key Questions

Some of the key questions ask about drinking habits and patterns. Pursue them if you think the person has not responded to the intent of the question.

WILLIAMS: Have you ever hidden a bottle of liquor?

RAINEY: Sure. I hide the booze every time the cleaning lady comes.

WILLIAMS: I mean have you ever hidden a bottle so no one could see how much you drank? Or to have it handy if you needed a quick drink?

RAINEY: Well, I do have a bottle hidden in my desk at work. But hey, I'd never open it by myself. I offer a drink to a client sometimes, but I'd never do it alone. Then I would have a problem! I used to see my father do that. It was disgusting.

Remember the other problem drinker characteristics listed in the Introduction. All of them are covered by key questions on pages 4 to 8 of the* Interview. *Be sure that the person knows what these questions are trying to find out.

Asking for Explanations

Some key terms you should ask the person to explain in their own words.

WILLIAMS: Do you feel that you always drink like a social drinker?

RAINEY: That's the only kind of drinking I do.

WILLIAMS: What does "social drinking" mean to you?

RAINEY: Sometimes you have to drink to fit in. But you can't overdo it. Like, take these guys I work with. Or worse, some of the customers. I sell heavy equipment, industrial machinery. These guys—drinks for lunch, drinks at dinner, the bottle is always out. If they buy something they give you a drink. If they don't *buy something they give you a drink. You meet them for breakfast, there it goes in the coffee. You think I'm kidding? I never drink like that. But you can't always say no. They call me a kid, tell me I'll have to learn to handle it. I do handle it. Better than they do, for sure. I* use *liquor—it doesn't use me.*

Checking Perceptions

You may want to paraphrase what the person has said and feed it back to them to check your understanding—and theirs.

WILLIAMS: Let's see, you've said that you drink every day because your work situation calls for it, and you have to drive after you drink. But you're sure that you handle it well and it doesn't affect your control.

RAINEY: Right, it goes with the territory.

Your dialogue may help some people to recognize problems they would have denied earlier. Some will frankly admit to being problem drinkers, others will deny it. And some will simply tell the truth as they see it.

WILLIAMS: Mike, do you think that you are a problem drinker?

RAINEY: No. I know that I'm not. I'm sure *that I'm not.*

Diagnosing the Problem

On page 14 of the* Interview *you are asked to fill in your own diagnosis of the problem. You can fill this in after the person leaves, but be sure to complete it before you start scoring.

Note: In this Case Study, items 199 to 204 will not be filled in until later, so that Ms. Williams' diagnosis will not bias your work on the Practice Tasks.

Scoring and Recording the Interview

TYREE: Mr. Rainey looked a lot quieter going out than he did coming in. Will you show me how to score the Interviews*?*

WILLIAMS: Here's the one for Mr. Sobens. Scoring the Interview *is simple. There's only one scoring key, Key 3. And you only have 10 scoring templates, because pages 2, 10, 11, and 12 don't have any scored items on them.*

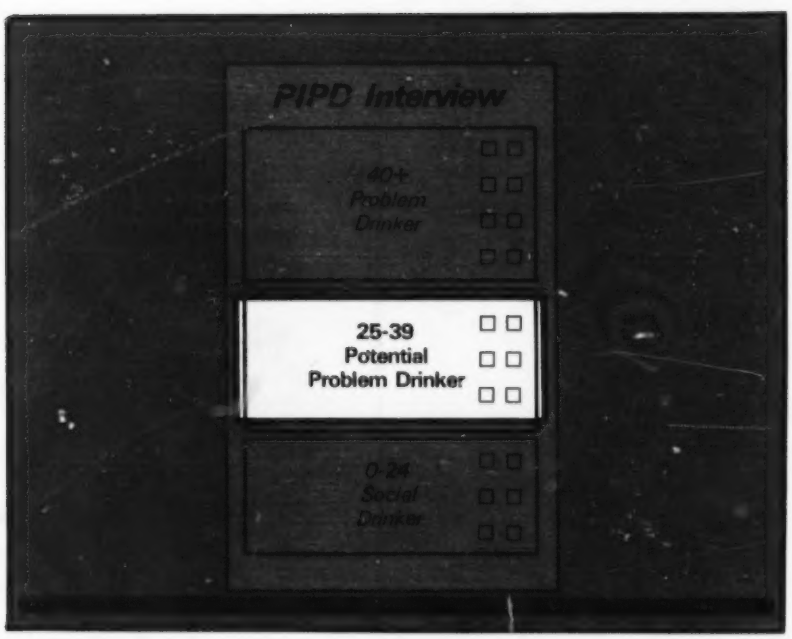
TYREE: Let's see. . . I line these scoring templates up so I can see the page number at the bottom through the square hole. . . [1]

. . .And I circle the matching responses through the round holes, using the red pencil. There aren't many on most of the pages. [2]

TYREE: Then as soon as I finish a page, I mark the page total in the numbered block at the bottom of the Summary Sheet. Pages 2, 10, 11, and 12 already have the zeros marked in. [3]

WILLIAMS: Then you add up the page totals and multiply by 4. That gives you the Interview *score.* [4]

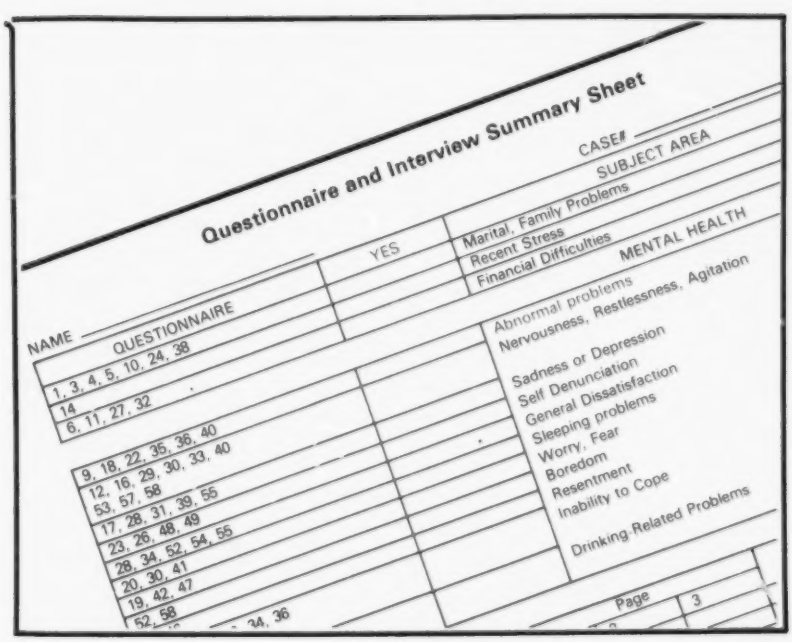
TYREE: I got a total of 76. So, on the Interview *score alone, 0 to 24 shows a Social Drinker. 25 to 39 is a Potential Problem Drinker. So Sobens' score shows that he is a Problem Drinker, just as his* Questionnaire *score did.*



WILLIAMS: You've got it. Now we can add his Interview score and his Questionnaire *score, and get his total Q + I score: 101. No doubt about it...* [5]

...Now the last thing to do is to fill in the Subject Area checklist as a reminder of the problem areas. [6]

TYREE: Then I'll score Rainey's form.



Questionnaire and Interview Summary Sheet

NAME _____ CASE# _____

QUESTIONNAIRE	YES	SUBJECT AREA
1, 3, 4, 5, 10, 24, 38		Marital, Family Problems
14		Recent Stress
6, 11, 27, 32		Financial Difficulties
		MENTAL HEALTH
		Abnormal problems
9, 18, 22, 35, 36, 40		Nervousness, Restlessness, Agitation
12, 16, 29, 30, 33, 40		Sadness or Depression
53, 57, 58		Self Denunciation
17, 28, 31, 39, 55		General Dissatisfaction
23, 26, 48, 49		Sleeping problems
28, 34, 52, 54, 55		Worry, Fear
20, 30, 41		Boredom
19, 42, 47		Resentment
52, 58		Inability to Cope
34, 36		Drinking Related Problems

Page 3

III-7. Second Practice Task

[1] Read the following list of responses. They represent the answers Michael Rainey gave in his interview.

[2] Copy these responses on your blank Interview form. Take care to copy them correctly.

[3] Record each item, even if the question is *not applicable* or if Rainey *refused to respond.*

[4] Check the list of responses against the information you got in the First Practice Task. Look for inconsistencies or contradictions.

Pay attention to Rainey's responses to items 35, 38, 45, 54, 98, 115, 116, 117, and 125. Compare them to information you already have on Rainey, but don't change any of the responses. List any inconsistencies you notice on *Worksheet III.*

[5] Complete items 199 to 204 on page B-19. Use your own judgment.

[6] Score the form you have just filled in, using Key 3. Record the results on the Summary Sheet.

[7] On the basis of the Interview score alone, determine the level of Rainey's drinking problem. Write your assessment on *Worksheet III.*

8 Compare the result with your previous assessments. Has your determination remained the same?

If it has changed, which information has changed it most? How has the administration of the *Questionnaire,* and then the *Interview,* changed your understanding of his case? Note your responses on *Worksheet III.*

9 Read the Case Study pages that follow. Compare your work with the scoring and analysis shown there.

Case Information Sheet

Agency ID# 12 Case ID# 99-1 Date 9/22/84

Name Rainey Michael
Last First Middle or Maiden

Address 1325 Kensington Ave. Center City 20900
Number Street City Zip Code

Telephone 587-6401 Driver's License No. R-610-440-267-050

Sex 1 Nationality or Race 1 Age 25 Weight 160
(M = 1, F = 2) (White = 1, Black = 2, Other = 3)

Date of Birth 4/15/59 Attending DWI Class? Y N

Number of class sessions completed ____ Instructor ID# ____

Marital Status 2 Occupation Sales Representative
(Sgl. = 1, Sept. = 2, Div = 3,
Wid. = 4, Marr. = 5)

Interviewer ID# 7
Number of interviews previously conducted by this interviewer 72

Interviewer's Title Probation Officer

Circumstances of Contact ____

1. Pre-sentence investigation
2. Condition of probation
3. Other (specify) ____

Referral Date 9/15/84 Sentence Date ____
Mo. /Day/Yr.

Referred by Judge Quinlan Current Offense DWI

Second Practice Task

Michael Rainey's Interview Responses

- Items which were Not Applicable have been left blank.
- Items for which there was No Response were marked with an (R).
- Items which were applicable but did not call for a Yes, No, or number response have been marked by an X, or with details.
- All other items were marked with a Yes, No, or a number. Refer to the information in the First Practice Task for more details.

page 1: Health	page 2: Health	page 3: Arrest
1. 6	13.	34. Speeding; ran stop sign
2. 3	14.	
3. Poor sleep, diet, stress	15.	35.
	16.	36.
4. X	17.	37.
5.	18.	38.
6.	19. X	39.
7.	20.	40.
8.	21.	41.
9. X	22.	42.
10. X	23.	43. No
11.	24. No	44.
12. No	25.	45. No
	26.	46.
	27.	47.
	28.	48.
	29.	
	30.	
	31. Yes	
	32. Back Injury	
	33. No—still on medication	

Page 4: Arrests	Page 5: Drinking	Page 6: Drinking	Page 7: Drinking	Page 8: Drinking
49. Yes	68. Yes	84. No	106.	124. No
50. 1	69. this DWI	85. Mixed	107. X	125. No
51. No	70.	86.	108. X	126. Yes
52.	71.	87.	109.	127. 2
53.	72.	88. X	110.	128. No
54. No	73. X	89. X	111. No	129. No
55.	74. Yes	90. X	112. Yes	130. No
56.	75.	91.	113. Yes	131. Yes
57.	76.	92.	114. Yes	132. Yes
58.	77.	93.	115. No	133. No
59. 20	78.	94.	116. No	134. Yes
60. 8 Months	79.	95. X	117. No	135. Yes, and at other times
61. No	80.	96. X (Clients)	118. Yes	
62.	81. No	97. No	119. No	
63. Yes	82. Yes	98. Yes	120. Yes	
64. Yes	83. 5	99. No	121. No	
65. 1		100. No	122.	
66. No		101.	123. No	
67. Yes		102. X		
		103.		
		104.		
		105. X		

Page 9: Family	Page 10: Family	Page 11: Work
136. 4	151.	166. Yes
137.	152.	167. Argued with boss
138.	153.	168. Yes
139.	154.	169. Industrial Sales
140.	155.	170. 3 years
141.	156.	171. 1
142.	157.	172.
143.	158.	173.
144.	159.	174.
145.	160. 1	175.
146.	161. No	176.
147.	162.	177.
148.	163.	
149.	164.	
150.	165. Yes	

Page 12: Work	Page 13: Social Life	Page 14: Diagnosis
178.	189. 8	199.
179. Yes	190. 0	Use your own judgment to complete items 199-204.
180. X	191. 2	205.
181.	192. 2	206.
182.	193.	207.
183.	194. X	208.
184. X	195.	209. X
185.	196. No	210.
186.	197. No	211.
187.	198. No	212. X
188.		

Don't go on to the next page until you have finished the steps on pages III-37 and III-38.

Scoring and Analyzing the Michael Rainey Interview

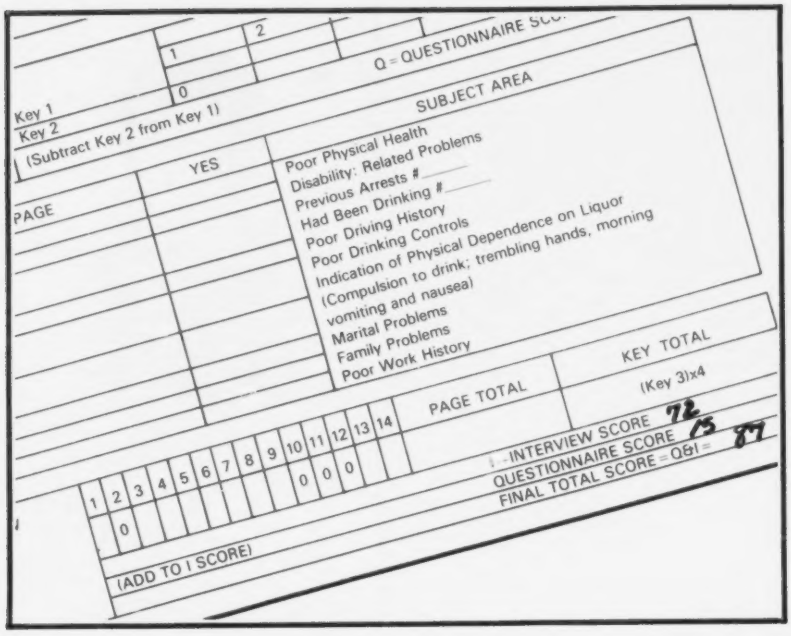
TYREE: Could I have gotten this wrong?

WILLIAMS: Show me what you did.

TYREE: Here are my totals page by page, from the marks you made on the form: 1 - 0 - 0 - 3 - 2 - 2 - 5 -3 - 1 - 0 - 0 - 0 - 0 - 1. Why didn't you fill in items 199 to 204? They could add one more point to the page total.

WILLIAMS: Because I'm going to ask you for your diagnosis in a moment.

TYREE: Well, not counting those items I got a total of 18. Multiplied by 4, that comes to 72. And combined with the Q score the total is 87.



WILLIAMS: And?

TYREE: It seems too high. It says he's a problem drinker—not even a borderline case. But when you meet him and talk to him, that's hard to believe.

I'd say he is a rather experienced drinker who probably controls his drinking. I don't think he'll get another DWI—this one already has him scared.

WILLIAMS: When you fill in the Subject Area part of the Summary Sheet you'll see that most of his score came from items about drinking habits and driving offenses.

TYREE: I'm still not convinced. But maybe I should trust my instruments more.

WILLIAMS: There's nothing wrong with your math on the scoring. And you may be right in your diagnosis. That's why we cross-check these results against the critical records. We'll do that next.

Additional Scoring Practice

If you had problems with the arithmetic in getting your Q score, your I score, or your combined Q & I score, you may want to practice it again.

Try figuring out the separate and total scores and results for this sample without referring to previous pages. Write on the back of *Worksheet III,* not on this page.

Page Totals

Questionnaire: Key 1: 3 + 5 + 2

Key 2: 0 + 3 + 0

Interview: Key 3: 1 + 2 + 0 + 0 + 0 + 1-
+ 2 + 0 + 1 + 0 + 0 -
+ 0 + 3 + 2

Follow these steps:

1. Add up the page totals for Key 1.
2. Multiple the total x 2. The result is your Key Total Score for Key 1.
3. Add the page totals for Key 2. The result is your Key Total Score for key 2.
4. Subtract the Key Total Score for Key 2 from the Key Total Score for Key 1. The result is your Questionnaire (Q) score.
5. Determine the drinking problem on this Q score alone.

6. Now add the page totals for Key 3, and multiply the result x 4. This will give you your Interview (I) score.
7. Determine the drinking problem on the I score alone.

8. Add the Interview Score to the Questionnaire score to get your final total Q & I score.
9. Determine the drinking problem on the Q & I score alone.
10. Check your work against the arithmetic on the following page.

Practice Scoring Results

Questionnaire	1. 3 + 5 + 2 = 10	Page total for Key 1
	2. 10 × 2 = 20	Total score for Key 1
	3. 0 + 3+ 0 = 3	Page total for Key 2
	4. 20 − 3 = 17	Q Score
	5.	Problem Drinker
Interview	6. 1 + 2 + 0 + 0 + 0 + 1 + 2 + 2 + 0 + 1 + 0 + 0 + 0 + 0 + 3 + 2 = 12	Page total for Key 3
	7. 12 × 4 = 48	I Score
	8.	Problem Drinker
Combined Q & I	9. 17 + 48 = 65	Final total Q + I Score
	10.	Problem Drinker

III-8. Scoring of Pretraining Quiz

Complete your Pretraining Quiz on Worksheet III. Then turn to page VI-3 to score your work. If you scored less than 10, review this section before you go on.

III-9. Posttraining Quiz

***Test your mastery of the content of Section III again before you go on. Record your responses on* Worksheet III.**

1 **A score of 22 on the *Interview* alone indicates that the person is**

a. an alcoholic
b. a problem drinker
c. a potential problem drinker
d. a social drinker

2 **The *page* total for the *Interview* is**

a. multiplied x 4
b. scored twice
c. added to the Questionnaire score
d. (none of the above)

3 **A total Q&I score of 12 probably indicates**

a. denial or misrepresentation
b. a problem drinker
c. a potential problem drinker
d. a nondrinker

4 **If a person does not understand a question you should**

a. go on to the next question without comment

b. paraphrase it until they understand

c. score one point

d. (none of the above)

5 **In administering the *Interview* you should show an attitude of**

a. positive concern and support

b. detached objectivity

c. casual good humor

d. reserved judgment

Score your responses on* Worksheet III *using the answer key on page VI-4. If you score less than 4, review this section before you go on.

III-10. Self-Evaluation

At this point you should have shown your understanding of the content by:

1 completing the Pretraining Quiz to 100% accuracy.

2 scoring at least 4 on the Posttraining Quiz.

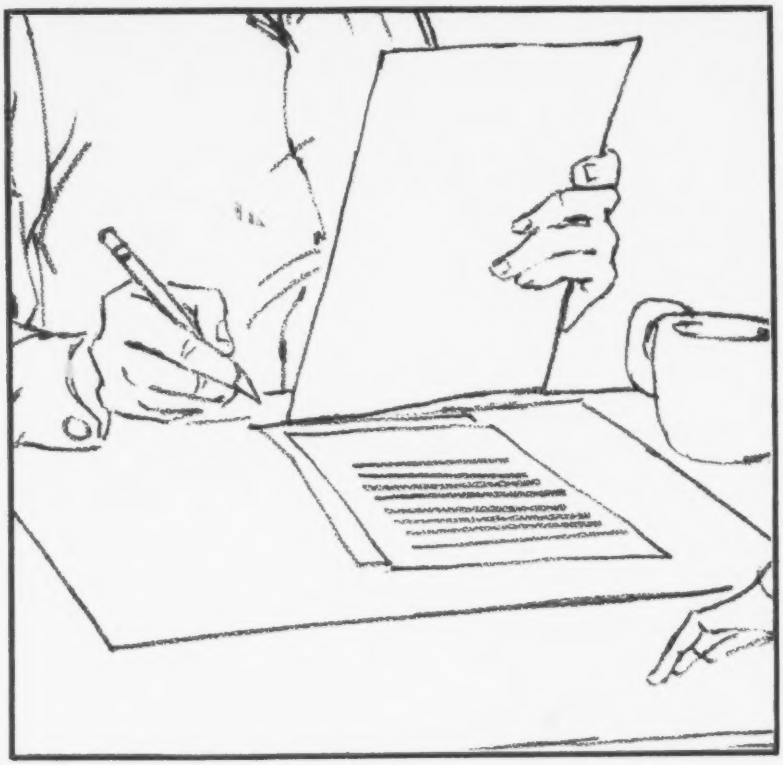
3 correctly filling out, scoring, and recording the results of an *Interview,* given a list of responses, to match the model in the Case Study.

4 correctly interpreting and analyzing the results of the *Interview* score alone, and of the combined Q&I scores, to determine the level of a drinking problem.

Of course, doing a pencil-and-paper practice like this cannot really test your skills in interviewing, in actually leading a person through this face-to-face process to get the information you need. You may want to get additional training and practice in interviewing skills before you use the *Interview.*

In Section IV you will learn to relate the Q&I scores to other critical records for a more complete assessment.

Section IV:



The Tally Sheet of Critical Records

IV-1. Objectives

In this section you will learn:

1 to develop a Tally Sheet summary of critical records.

2 to assess a drinking problem on the basis of these records.

3 to relate these records to the Q&I scores and responses in order to make a final assessment.

IV-2 Preparation

Prepare to use these materials:

1 *Worksheet 4* (Appendix G).

2 The blank *Tally Sheet* form (Appendix D).

3 Your *Summary Sheet* form, to be ready to compare it to the critical records.

IV-3. Pretraining Quiz

Complete the following quiz as you did in the preceding sections.

1 One of the main problems you face in using these records is that

a. they may be unavailable immediately, which will delay your final determination and recommendation
b. they may be inaccurate
c. a DWI offense may have been reduced to a lesser charge
d. (all of the above are likely problems)

2 A BAC of 0.25% indicates

a. a social drinker
b. a problem drinker
c. denial of a drinking problem
d. an allergy to alcohol

3 Suppose that a man with a BAC of 0.20% scored 15 on the *Questionnaire*. This indicates that

a. he probably lied on the *Questionnaire* or misunderstood it
b. he is a social drinker
c. he is in control of his drinking problem
d. another BAC test should be given

4 **Which of the following elements of a driving record is least significant in this procedure?**

a. reckless-driving convictions
b. prior DWI arrests
c. previous accidents
d. vehicle equipment violations

5 **One purpose of the Tally Sheet is to**

a. summarize the Q&I scores
b. monitor attendance in treatment programs
c. cross-check the responses given in the previous tests
d. (all of the above)

6 **Two or more arrests for DWI indicate**

a. a problem drinker
b. an error on the driving record
c. that other charges were reduced
d. (none of the above)

7 **Which of these characteristics of the problem drinker show up in Michael Rainey's criminal record?**

a. use of illegal drugs to deal with the effects of alcohol
b. withdrawal, depression leading to suicide attempts
c. loss of control and violent behavior
d. (none of the above)

8 **Moving violations such as reckless driving**

a. are a sure sign that the offense has been reduced from DWI
b. should be totalled and multiplied by 3
c. may indicate loss of control while drinking
d. are more serious than DWI arrests

9 **Non-driving arrests which are *not* alcohol-related**

a. are not included on the Tally Sheet
b. may be relevant to your assessment of the drinking problem
c. are not significant
d. (none of the above)

10 **On his *Questionnaire* and *Interview* Rainey has**

a. denied any other arrests except for traffic offenses
b. admitted to a license suspension for reckless driving
c. admitted to drinking and driving nearly every working day
d. (all of the above)

Use your quiz as a learning guide as you complete this section, as you did in previous sections.

IV-4. First Practice Task

[1] Read the following information on Michael Rainey, and use it to fill out your blank Tally Sheet. You can find his BAC reading in the First Practice Task in Section II.

Driving Record

22 June 1984	Reckless Driving. No BAC test given. Fine assessed and license suspended for 30 days.
2 March 1984	Careless Driving. Fine assessed.
14 May 1981	Speeding (75 mph in 55-mph zone). Fine assessed.
6 January 1979	Speeding (55 mph in 25-mph zone). Fine assessed.

Criminal Record

15 June 1981	Arrested as drunk and disorderly in a local tavern. Resisted arrest. No BAC test given. Found guilty and given suspended sentence and 90-day probation.
20 December 1980	Arrested as drunk and disorderly by campus police. Released for disciplinary action by college administration.

[2] Assess the level of Rainey's drinking problem on the basis of this information alone. Write your assessment and your reasons for it on *Worksheet IV.*

[3] Compare this information with Rainey's Q&I scores and responses. If there are any inconsistencies or contradictions, keep them in mind as you read the Case Study.

IV-5. Introduction

The critical records—BAC, Driving Record and Criminal Record—are valid and reliable indicators of the level of a drinking problem. A high BAC level and prior arrests for DWI usually predict a high score in the *Questionnaire* and *Interview.* The reverse is also true. Using these records in combination with the *Questionnaire* and *Interview* provides the strongest available basis for assessing a drinking problem. To use these records effectively, follow these three steps:

1 *Obtain the Records*

This may not always be simple or easy. Remember that the records you receive may arrive late, or be the records for the wrong person, or be incomplete, inaccurate, or out of date. You may have some or all of these records on hand before you begin the *Questionnaire* or *Interview,* but it is more likely that you will use them as the last step in your assessment.

- To get the BAC test results, check the record for the present DWI arrest.
- To get the Driving Record, contact your state Motor Vehicle Agency or its equivalent.
- To get the Criminal Record, contact your local and State police. If possible, have the same person responsible for collecting and organizing the records.

2 *Summarize the Records*

on a separate Tally Sheet for each case. Look for these details in each category:

BAC (Blood Alcohol Content)

- The form records the BAC at the time of arrest. Remember that you may not be able to obtain BAC results. If no BAC test was given at time of arrest, do not try to include one at a later date (for example, when you administer the Interview).
- If the record indicates that no BAC test was given, try to find out why. Call the arresting officer, or ask the person in the *Interview*.
- If several BAC readings are given on the record, try to find out when they were given, and why.
- If the person refused to take the BAC test, ask why in the *Interview*. Remember that this is a legal right in most States. However, in many States this refusal is considered a separate offense, which may result in suspension or revocation of the driver's license. Find out the conditions in your State.

Driving Record

Record the number of offenses and total them, and record the date and BAC if relevant.

- DWI Convictions. Have there been any prior convictions for DWI? Two or more DWI arrests are a sure sign of a drinking problem.
- Other Alcohol-Related Convictions. Have there been any convictions for lesser alcohol-related charges?
- Other Moving Violations. Have there been any other violations such as reckless or careless driving which may have been alcohol-related? Is there any indication that these charges were the result of plea bargaining down from DWI?

  Have there been any *collisions*? Problem drinkers who drive have three times as many crashes as most drivers.

  Have there been *minor violations* which might have been alcohol-related, such as driving at night without lights?
- Licensing Actions. Has the driver's license been revoked? Suspended? Restricted or conditional? Were these licensing actions related to alcohol abuse?

Criminal Record

- Alcohol-Related Convictions. Has the person committed other offenses which were affected by alcohol? Was treatment for alcohol abuse among the conditions of probation?
- Non-Alcohol-Related Convictions. Does the record indicate any criminal offenses which might indicate general problems of adjusting to society? Any which indicate a loss of control that might be related to alcohol abuse?

3 *Interpret the Results*

Remember that the Tally Sheet is only a clerical record of your findings. To use these critical records effectively you will have to draw upon your experience, judgment, training, and intuition. Remember the limitations of the records you have available, and be cautious in your interpretations.

- What does the BAC reading indicate? (Review Section I on BAC levels.)
- How *many* offenses are on the records?
- How *recent* are they? Is the offense still relevant to the person's present situation? Is there a pattern in the time sequence of the offenses? Are they becoming more or less frequent?

- How *serious* are the offenses? What damages have they caused?
- How *relevant* are they to the present situation?
- How *consistent* are the records with each other? Do they support or contradict the person's responses to the *Questionnaire* and *Interview*? If they do not agree, how might they be explained?

Remember to look for a pattern that indicates problem drinking. Problem-drinking drivers are more likely to

- Have a BAC of .15% or higher (though lower levels are already dangerous).
- Be able to drive regularly with a high BAC.
- Have previous arrests and convictions for DWI.
- Have had more crashes than most drivers.
- Have had other moving violations such as reckless or careless driving.
- Have had previous license conditions, restrictions, suspensions, or revocations.
- Have been arrested for other criminal offenses indicating lack of control or social maladjustment.

IV-6. Case Study

The Case Study shows Ms. Williams training Ms. Tyree to use the critical records. This demonstration is intended to make you aware of the possibilities and problems in using such information. Remember that on the job you may not have as much time to analyze and discuss each case in such detail.

Blood Alcohol Content (BAC)

WILLIAMS: Have you finished Rainey's Tally Sheet?

TYREE: I have it right here. His BAC was only .11%. That's not very high. Lots of drivers on the road right now would show a higher level.

WILLIAMS: It's high enough to be dangerous. And it's high enough to get him arrested in most States, at .10%.

In the United Kingdom and Canada it's only .08%. In Western Europe it's .05%. And in Eastern Europe it's only .01%.

TYREE: Suppose he had .15%? Or .20% or higher?

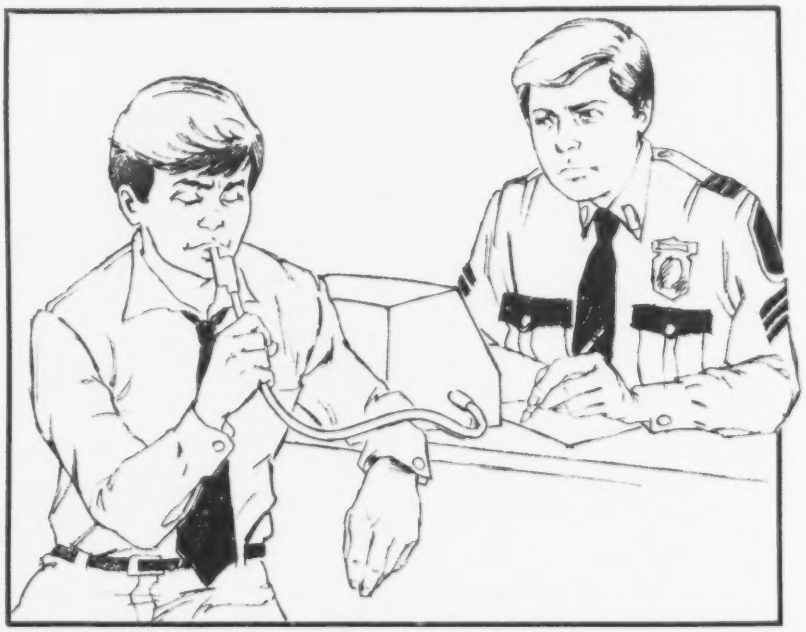
WILLIAMS: Then you know he's an experienced drinker, probably an alcoholic, and certainly a threat on the highway.

It's like a red flag—no matter what he said on the Questionnaire or Interview. A person who can drive at all with a BAC of .20% is a very experienced drinker.

TYREE: Well, Rainey's .11% is a lot lower than most of the arrests we see. They come in at .18% and higher.

WILLIAMS: At least we have a BAC score to work with. Sometimes they refuse to take the test.

Let's look at Rainey's Driving Record and see how this BAC reading matches up.



Driving Record

WILLIAMS: Rainey sounded proud of his driving in the Interview. *Said he drives hundreds of miles a week, over four States, and never had an accident, not even a scratch. And he drives every working day.*

TYREE: But look at his record: two speeding convictions, one for careless driving, and a very recent one for reckless driving. They are getting more serious. He even had his license suspended. And he drinks every working day, too.

WILLIAMS: But he has no prior DWI's.

TYREE: Not in this State, anyway. And how do we know that he wasn't drinking when he was speeding, or driving recklessly? Maybe the police didn't notice it, or he talked his way out of it.

WILLIAMS: That may be true. But it's not on the record, and these are the only facts that we have. Maybe we can find more in the Criminal Record.

Criminal Record

WILLIAMS: Well, that's interesting. He had two arrests for being drunk and disorderly, back when he was in college.

TYREE: But on the Questionnaire he said that he didn't have any arrests other than this DWI.

WILLIAMS: And in the Interview he said the same thing. He also denied getting rowdy or getting into arguments and fights when he drinks. These D-and-D arrests were years ago. Maybe he sees it as kid stuff that he has outgrown.

TYREE: The arresting officer in this DWI case wouldn't agree! And remember that he was fired from his last job for arguing with the boss. Maybe that had nothing to do with drinking. But he has lost control more than once. Combined with drinking and driving, that could really be dangerous.

WILLIAMS: He was nervous in the Interview, *but certainly under control. He's proud of his control over his life. But his Q&I scores indicate that he has a drinking problem. What do <u>you</u> think?*

IV-7. Second Practice Task

1 Compare your completed Tally Sheet with the completed sample form on the following page. If there are any differences, check your work against the original informaiton and correct your Sheet if necessary.

2 Now that you have used the three main sources of information—*Questionnaire, Interview,* and Critical Records Tally Sheet—write your final determination of Michael Rainey's drinking problem on *Worksheet IV.*

3 Then read the rest of the Case Study and compare your work to it. Remember that your final determination may differ, depending on your evaluation of the information.

IV-8. Scoring of Pretraining Quiz

Finish reading the Case Study.
Then complete your Pretraining Quiz on Worksheet IV.
Then turn to page VI-3 to score your work. If your scored less than 10, review this section.

Michael Rainey's Tally Sheet of BAC, Driving and Criminal Records

1 ***Blood Alcohol Concentration at Time of Arrest***

Not tested _____ Refused _____
First reading .11% Second reading _____

2 ***Driving Record (not including current offense)***

Type of Conviction	Total Number	Years	BAC
DWI	0	_____	%
Other alcohol-related offenses (in States that them)	0	_____	%
Reckless Driving	1	1984	
Other moving violations (explain)	3	_____	
• Careless Driving (1984)			
• Speeding (1979, 1981)			
Total Moving Violations (including the above)	4		
Total Number of Accidents	0		

License Actions	Yes	No
Suspended	X (1984)	___
Revoked	___	X
Restricted or Denied	___	X

3 ***Criminal Record (Do not include DWI or DUIL offenses here, but cross-check for such offenses on this record.)***

	Total Number
Previous alcohol-related nondriving arrests	2
Previous non-alcohol-related arrests	0
Total previous arrests (combine above)	2

Final Assessment

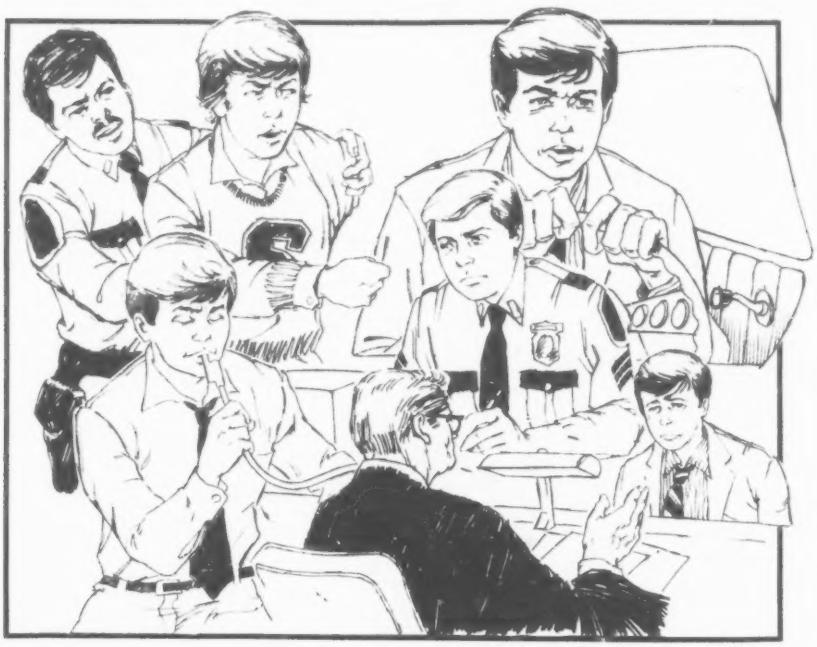
WILLIAMS: Well? Is he a social drinker, a problem drinker, or on the borderline?

TYREE: From the critical records alone I can't be sure. The low BAC and the lack of previous DWI's don't tell us enough.

He does seem to have control over many areas of his life. He dresses well, sounds confident, and does well in his job. And he is sure that he has no drinking problem. . .

. . . But the Q&I score says that he does. He is under a lot of stress from many areas: his health, his work, his marriage. And his control seems to slip when he drinks, and he drinks several times a day.

The Q&I score says he is a problem drinker. But I don't think he's gone that far yet. I would call him a borderline case. He has less control over alcohol than he thinks he does, and it's getting worse. He's potentially a problem drinker.



WILLIAMS: This is a tough one to assess. Remember that Rainey is young. He seems to be developing ways of dealing with alcohol that can lead to problem drinking before long.

I understand your argument that he is a borderline case. But in my opinion, anybody who is arrested for DWI even once is a problem drinker, unless we find enough to prove otherwise.

TYREE: Maybe it's worth doing more diagnosis. So, what do we do next?

WILLIAMS: We decide what action to recommend. Let's get started on the Treatment Evaluation Sheet.

IV-9. Posttraining Quiz

To check your knowledge of the content of this section once more, take this quiz. Use Worksheet IV to record your responses.

[1] A BAC score of 0.10% and a Q&I score of 50 indicates

a. a social drinker
b. an alcoholic
c. a certainty of prior DWI arrests
d. (not enough information to be sure)

[2] A person who refuses to take a BAC test

a. is exercising a legal right in many States
b. should be assumed to be a problem drinker
c. should be required to do so at a later date
d. (none of the above)

[3] When examining a person's *criminal* record you should look for

a. alcohol-related offenses
b. any offense that indicates social maladjustment
c. motor vehicle code violations
d. (a and b, but not c)

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4 **Which of the following information is NOT included in the Tally Sheet?**

a. BAC at time of arrest

b. record of medical examination

c. suspended or revoked driving licenses

d. non-alcohol-related arrests

5 **Michael Rainey's arrests for reckless driving and careless driving indicate that**

a. he was not drinking at the time

b. the arresting officer did not notice that he had been drinking

c. he has a drinking problem that is getting worse

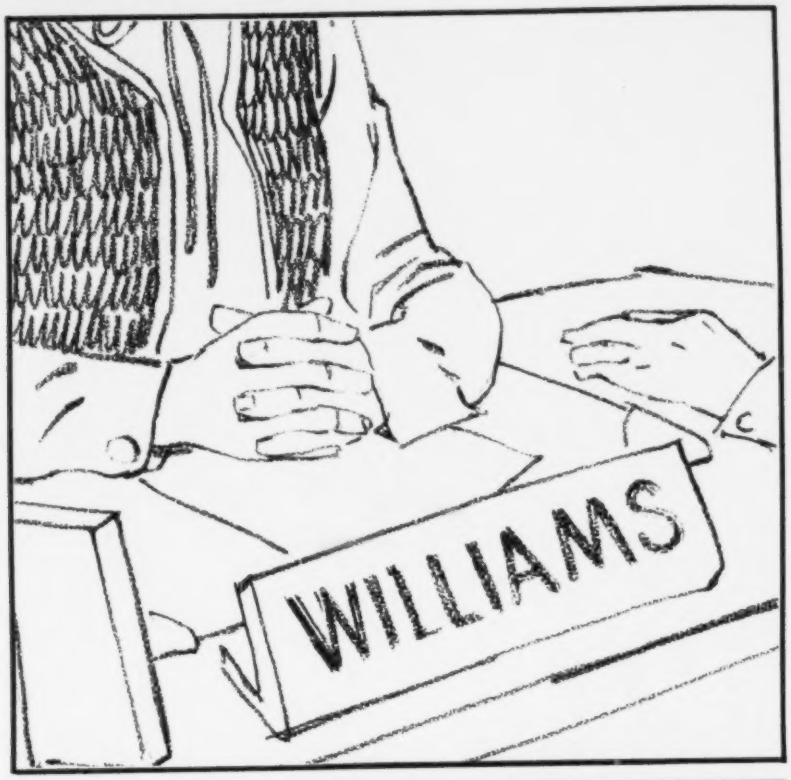
d. (there isn't enough evidence to decide)

Score your responses on* Worksheet IV, *using the Answer Key on page VI-4. If you score less than 4, review this section before you go on.

IV-10. Self-Evaluation

You have now completed the steps necessary to assess a drinking problem using the PIPD. Your completed Tally Sheet, and your scores on the Pretraining and Posttraining Quizzes, show how well you understood the procedures in this section. Remember that completing the Tally Sheet form is only a clerical task. What matters is how well you analyze and interpret the patterns to diagnose the problem correctly. Your final assessment may have differed from the one shown in the Case Study, but you should understand how it was reached even if you disagree with it.

Section V:



The Treatment Evaluation Sheet and the Recommendations for Treatment

V-1. Objectives

In this section you will learn:

1. to determine the best available treatment for a drinking problem.

2. to develop a Treatment Evaluation Sheet, using information gathered from your own community.

3. to prepare to recommendation for treatment based on the Case Study, using the sample Recommendation Format.

V-2. Preparation

Prepare to use these materials:

1. *Worksheet V* (Appendix G).

2. The blank *Treatment Evaluation Sheet* and the *Recommendation Format* (Appendix E and Appendix F).

3. The *Training Evaluation Sheet* (Appendix H).

V-3. Pretraining Quiz

Study the following quiz as you did the ones in previous sections. Mark your responses on Worksheet V.

[1] The Treatment Evaluation Sheet is used to

a. evaluate the person's progress in a treatment program
b. identify the sources available to provide different kinds of treatment
c. compare the effectiveness of different kinds of treatment
d. (all of the above)

[2] Your recommendations should

a. be as brief and specific as possible
b. provide a complete, detailed analysis of the problem
c. include a complete medical record for treatment
d. explain the reliability and validity of the PIPD

[3] A person who was arrested for the first time as DWI with a low BAC, and who was classified by the Q&I as a social drinker should probably be referred to

a. mental health counseling
b. education on alcohol abuse and safety
c. chemotherapy
d. Alcoholics Anonymous

[4] You should determine the treatment to recommend on the basis of

a. the kinds of problems identified on the Summary Sheet
b. State and local laws
c. the resources available in your community
d. (all of the above)

5 **Your report of recommendations should differ according to**

a. the preferences of the person being tested
b. whether the treatment will be monitored by your agency
c. whether you are reporting to a judge, prosecutor, rehabilitation agency, etc.
d. (all of the above)

6 **Effective treatment**

a. should protect the community
b. helps to prevent repeat DWI offenses
c. helps the person deal with the drinking problem
d. (all of the above)

7 **After you identify the proper treatment you should**

a. have the offender review your diagnosis
b. help to arrange and schedule the treatment
c. monitor the treatment to see that it is effective
d. (b and c, but not a)

8 **To assure justice for all DWI offenders you should recommend**

a. the same treatment for all cases
b. the same treatment for all problem drinkers
c. treatment suited to the individual case
d. fines, imprisonment and other sanctions for all cases

9 **Education on alcohol abuse should be recommended for**

a. all first-offense DWI cases
b. DWI cases involving social drinkers only
c. DWI cases involving problem drinkers only
d. instead of fines or probation

10 **Appropriate treatment for Michael Rainey would include**

a. chemotherapy
b. education on alcohol abuse
c. vocational counseling
d. (all of the above)

Use your quiz as a learning guide as you did in previous sections.

V-4. First Practice Task

[1] Decide which treatment(s) Michael Rainey needs.

[2] Take out your blank copy of the Treatment Evaluation Form. Fill it out as completely as you can for Michael Rainey, using what you already know about the treatment agencies available in your community. If you have the time now, research the availability of the different kinds of treatment in your community and complete the sheet as fully as you can. If not, be sure to complete this research before you start using the PIPD in your program. Save the fully completed sheet for use as a guideline in recommending treatment in actual cases.

V-5. Introduction

Follow these steps in developing your recommendations:

[1] Determine the problem(s) to be treated. Remember that problem drinking may have many causes, which the *Questionnaire* and *Interview* can help you to identify. Appropriate treatment may require more than one kind of help. Review your Summary Sheet, Tally Sheet, and notes on the *Interview* to identify and prioritize the problems for treatment.

[2] Determine the sources of appropriate treatment(s) for each kind of problem. For example:

- Driver education and/or driver and alcohol education.
- Private or clinic psychologist or psychiatrist.
- Alcoholism counseling program.
- Medical clinic (including low-income sources).
- Hospital inpatient care.
- Medical detoxification center.
- Alcoholic outpatient clinic.
- Halfway house.
- Marriage or family counseling.
- Crisis center and/or hotline resources.
- Alcoholics Anonymous.
- State or local employment agency.
- Welfare agency or local government emergency funding program.
- Adult education program for high school degree.
- Community college or local job training program.
- Agency for home aid (day care, foster care, etc.).
- Legal Aid Society.

Note how the staff in the Case Study determines which of these resources to use.

[3] Identify the care that is available in your community. Many communities have a directory of community resources which lists all local helping agencies. Check with your local Chamber of Commerce, Family Service Agency, Welfare Department, United Fund Center, or Community Health Center. If there is no listing of these services available, start your own on a blank Treatment Evaluation Sheet. Determine the following information for each source:

- Purpose and types of service.
- Criteria for accepting clients, and the types of clients that it feels that it can willingly and successfully treat.
- Cost to client and payment schedule.
- Hours and days of operation, and next available time for service.
- Director of the facility.
- Telephone number, address, and directions for getting there by public and private transportation.

[4] Develop a treatment plan and make arrangements for the treatment. Include arrangements for monitoring and reporting on the client's progress.

5 Prepare and write your recommendations. Match them to the needs and expectations of the court and agency which must act on them. Be as brief and specific as possible. Don't include details of the scores, or explain the PIPD procedures, or justify their validity and reliability. (However, you should inform the court or agency about the PIPD before you start using it.) Keep this information handy in case your recommendations are challenged or details are requested. You can use the sample Recommendation Formats in this Guide, or modify them to suit your needs, or devise your own.

Remember that you can also recommend judicial action to support the treatment, such as making cooperation by the offender one of the conditions of probation. Some other traditional sanctions include

- Jail terms.
- Fines.
- Suspended sentences and probation.
- Driver's license suspensions.
- Restricted, Conditional, or Occupational driver's licenses.
- Community service.
- Graduated sanctions for repeat offenders.

Remember that your recommendations must be compatible with your State and local laws. Although they are not legally binding, recommendations made on the basis of the PIPD have been accepted and followed by most jurisdictions where it has been used.

V-6. Case Study

In this final section Ms. Williams and Ms. Tyree discuss the different types of treatment and the general criteria for recommending them, and prepare recommendations in the case of Michael Rainey.

Recommending Education

TYREE: How do you decide what to recommend, Marie?

WILLIAMS: We have three things to consider. We have to protect the community, try to prevent rearrests for DWI, and help the drinker get the right treatment or rehabilitation.

TYREE: Do you start by educating them about alcohol abuse?

WILLIAMS: It depends on the level of the problem. Nearly any *intervention will reduce rearrests for* social *drinkers—at least for a while. So we usually send them to a short, lecture-type course on alcohol abuse and safety. Or we can send them to longer discussion-group programs.* All *offenders should be educated about alcohol abuse—at least through reading materials.*

TYREE: Potential and problem drinkers too? Or is that a waste of time?

WILLIAMS: They should get the education too. But education by itself isn't enough. In fact, lecture-type courses seem to make their attitudes worse! We usually give them closer attention, in small-group sessions. The group often gets them to admit problems they denied until then.

Recommending Physical And Emotional Health Care

TYREE: Do you start with education for problem drinkers and alcoholics?

WILLIAMS: The worst cases may need immediate hospital care, or being put in detox centers to dry out. They may need combinations of therapy. They may need nutritional care. And they may need to continue such care on an outpatient basis. We usually recommend medical examinations for these cases.

TYREE: What about dealing with all those worries and fears and anxieties?

WILLIAMS: It's essential. They have to understand how their emotions and attitudes affect their drinking patterns and habits. We have many choices for treatment. The most severe cases may need to be placed in mental hospitals. Less severe cases can be sent to alcoholism clinics or other sources of individual and group therapy, such as the Public Health Department, private therapists, or pastoral counselors.

Recommending Other Treatment and Rehabilitation

TYREE: There's no easy way, is there?

WILLIAMS: It's a complicated problem. Nobody knows all the answers to curing problem drinking, or even all the causes. Alcohol abuse affects—and may arise from—so many parts of a person's life. A problem drinker often needs help from many social service agencies, for just about everything: health care, legal aid, marriage and family counseling, job training, employability, money management and so on.

TYREE: So we might expect to recommend several types of treatment for each case.

WILLIAMS: And sometimes we may have to get further diagnosis from a treatment agency's intake assessment to know what is best. Rehabilitation may be long, and we may have to try different approaches. Some may need to live in supportive situations, like halfway houses. And others can make it more on their own, with support from groups like Alcoholics Anonymous.

TYREE: What will you recommend for Rainey?

Preparing Final Recommendations

WILLIAMS: The research you did for the Treatment Evaluation Sheet will tell me what we have to choose from.

To start, we know that he doesn't seem to have problems in some areas. He's a skillful driver. He doesn't seem to be physically addicted. He likes his work and he's good at it. He makes enough money for his medical, financial, legal, and other needs—including paying for any treatment we recommend.

TYREE: Do you usually recommend that they pay their own way?

WILLIAMS: If they can afford it. It helps to motivate them. Sometimes a judge will give them a choice: treatment or a jail sentence. It's called "constructive coercion." It doesn't make sense to recommend treatment that the offender refuses to follow, or can't afford.

TYREE: Rainey might welcome help in dealing with stress and his marriage problems.

WILLIAMS: And he needs to learn how it all ties in with his drinking. He may resist it, but he needs to stay with it or he'll become a worse menace on the road. I know what I will recommend...

V-7. Second Practice Task

[1] Use the blank Recommendation Format to prepare your own recommendations to the court in the case of Michael Rainey. Refer to your Treatment Evaluation Sheet and recommend treatment available in your community. If you think that your judges, prosecutors, etc., would not be able to accept or use this report form, change it as you think necessary.

[2] Then read the Case Study to the end. Compare your recommendations with those of the staff in the Case Study. Your classification of Rainey's problem should be the same, and you should agree in general that certain kinds of treat ment are indicated. Your final recommendations may differ according to the treatment available in your community.

V-8. Scoring of Pretraining Quiz

When you finish the Case Study, complete and score your Pretraining Quiz on Worksheet V, using the Answer Key on page VI-3. If you score less than 10, review this section.

Conclusion

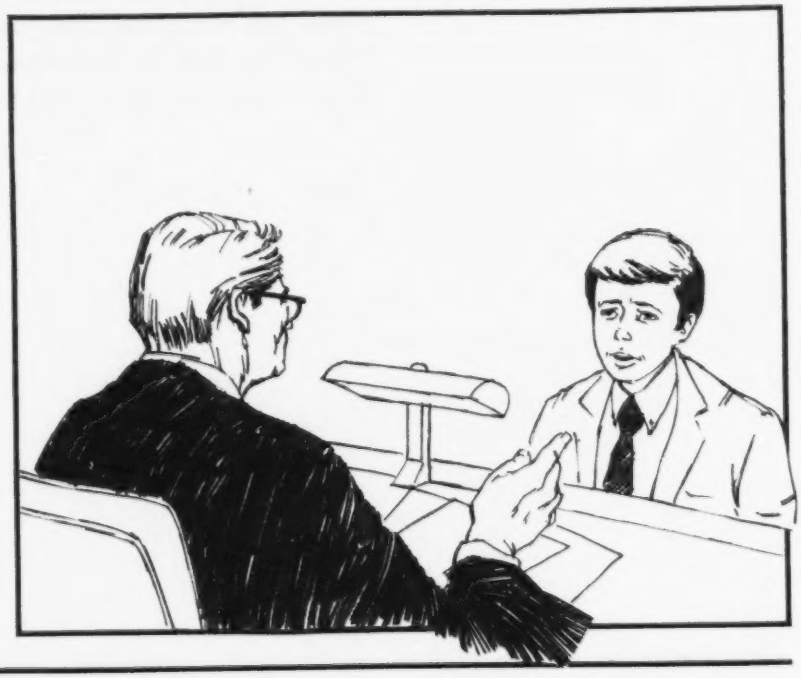
JUDGE: It is the judgment of this court that you, Michael Rainey, will be sentenced to 30 days in jail and a fine of $500.

RAINEY: Oh no. I can't believe this!

JUDGE: However, I will suspend the jail sentence and place you on 6-month probation under the following conditions:

First, that you complete the alcohol and driving education course sponsored by the State motor vehicle division, at your own expense.

Second, that you will undergo additional testing and counseling at a certified alcohol-abuse treatment agency to determine appropriate treatment for your problems, and that you comply with their recommendations. . .



. . . Third, that you will remain abstinent during the term of your probation, and submit to recognized tests as required by your probation officer, to determine alcohol use.

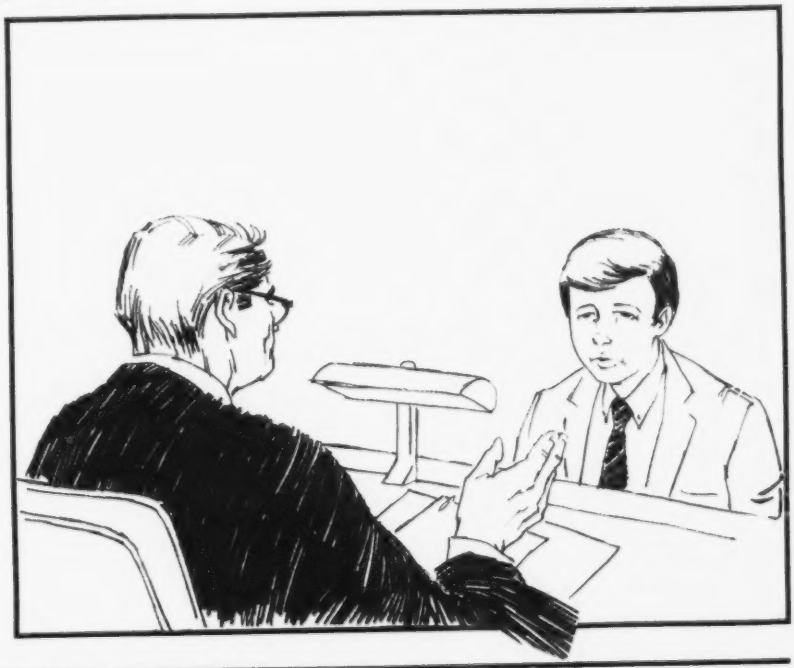
Fourth, that your driving license will be suspended for 90 days. If you comply with the other conditions, the suspension will be lifted but your driving privileges will be restricted to the driving required by your occupation. Any violation of the previous conditions will result in suspension. Restoration will be conditional upon evidence of your cooperation with the previous requirements.

Finally, your progress in these treatment programs will be monitored by your probation officer. If you fail to complete these requirements, the full sentence will be imposed.

Do you understand these conditions?

RAINEY: I do, your Honor. And I appreciate the suspended sentence and will cooperate with the terms of probation.

What did you recommend as treatment for Michael Rainey? The "appropriate" answer will depend upon your interpretation of his problem, your available resources, and your State and local laws. As the Case Study indicates, defining and assessing the impact of drinking upon someone's life is seldom easy. But the PIPD offers a package to provide the best possible assessment.



V-9. Posttraining Quiz

Review your knowledge of the content in this section with this quiz. Mark your responses on Worksheet V.

[1] Which of these would NOT be considered *treatment* in the PIPD?

a. detoxification
b. fines and imprisonment
c. education on alcohol abuse
d. group therapy

[2] Your recommendations to the court

a. should be limited to medical treatment
b. may include both treatment and judicial action
c. are legally binding on the court
d. will probably not be followed by the court

[3] Problem drinkers

a. may need both immediate and long-term treatment
b. cannot be helped by any known form of treatment
c. will benefit most from lecture-type education
d. (none of the above)

4 **You should recommend treatment that**

a. the offender will agree to follow
b. will be reinforced by judicial sanctions
c. is paid for by the offender, if possible
d. (all of the above)

5 **Your evaluation and recommendation of treatment requires you to**

a. interpret the scores of objective test procedures
b. find out the treatment modes available
c. use your intuition and experience
d. (all of the above)

Score your responses on* Worksheet V, *using the Answer Key on page VI-4. If you score less than 4, review this section.

V-10. Self-Evaluation

[1] You have now completed all of the procedures in the PIPD. If your final recommendations agreed in general with those in the Case Study, and your Assessment Quiz scores showed that you have mastered the content of this section, you are just about ready to begin using the PIPD in actual cases. The next section, Followup Activities, suggests some additional steps you can take to prepare.

[2] Please complete your Training Evaluation Sheet and return it to the administrator of this training now.

Section VI:

Answer Keys, Pretraining and Posttraining Quizzes

Answer Key: Pretraining Quizzes

Section 1: Overview

1. d	2. d	3. d	4. b	5. a
6. d	7. c	8. b	9. d	10. a

Section 2: Questionnaire

1. d	2. d	3. b	4. b	5. b
6. c	7. b	8. c	9. c	10. d

Section 3: Interview

1. d	2. c	3. b	4. b	5. d
6. c	7. d	8. c	9. d	10. a

Section 4: Critical Records

1. d	2. b	3. a	4. d	5. c
6. a	7. c	8. c	9. b	10. d

Section 5: Treatment Recommendations

1. b	2. a	3. b	4. d	5. d
6. d	7. d	8. c	9. a	10. b

Answer Key: Posttraining Quizzes

Section 1: Overview

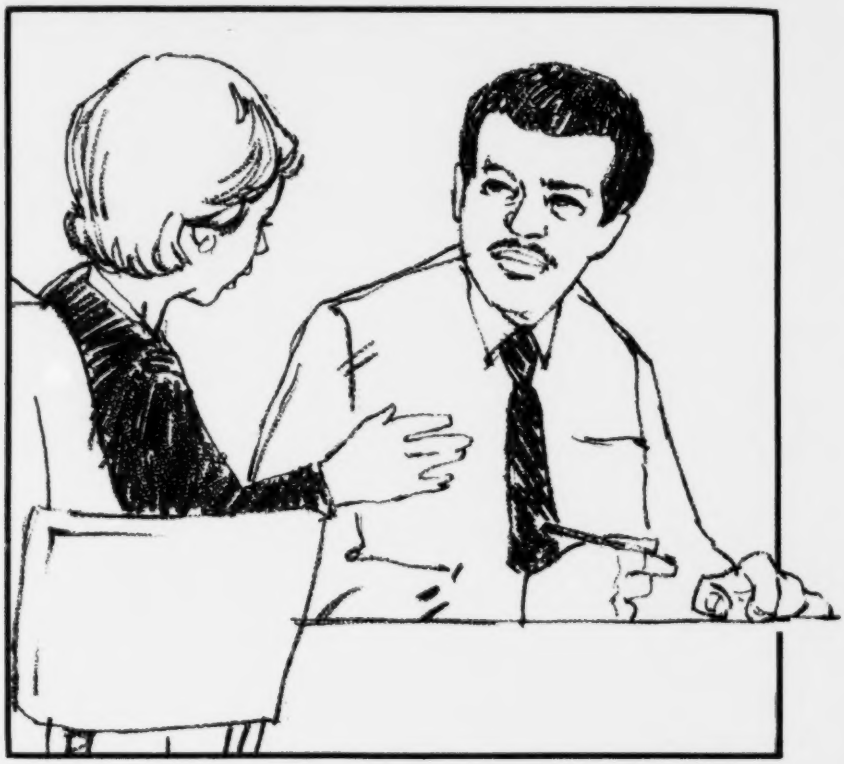
Section 2: Questionnaire

Section 3: Interview

Section 4: Critical Records

Section 5: Treatment Recommendations

Section VII:



Followup Activities

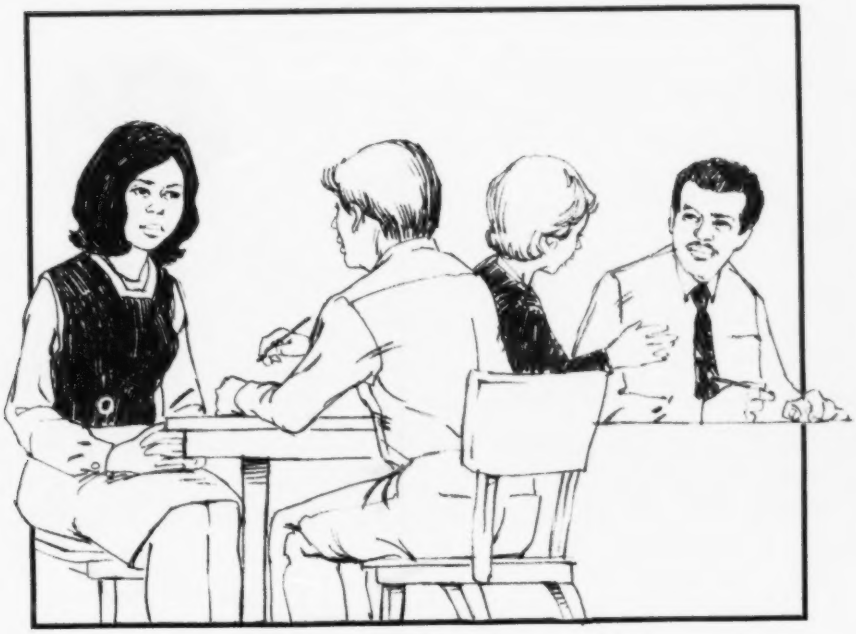
Followup Activities

Before you actually use the procedures on the job, you may want to do this additional preparation.

1 *Dry Run*

If you are learning in a group, pair up and practice administering the Questionnaire and Interview to each other, and score, record, and interpret the results together. You may choose to role-play a certain type of drinker.

If you are learning alone, ask someone else to volunteer to play the role of a person being tested. If possible, ask a recovering alcoholic to be your subject. After the tests are scored, ask the person which items are most likely to be confusing, and which ones would be likely to draw evasive or misleading replies.



2 *Further Study*

Order the materials listed in the Bibliography from DOT/NHTSA and study them for background information on the PIPD. The materials and content of this training package were drawn from these publications. These manuals and reports contain helpful information about the development and testing of the PIPD. They also contain more lists of materials on drunk driving and alcoholism. You can use the PIPD without studying these materials, but they can help you develop professional expertise.

3 *Additional Training*

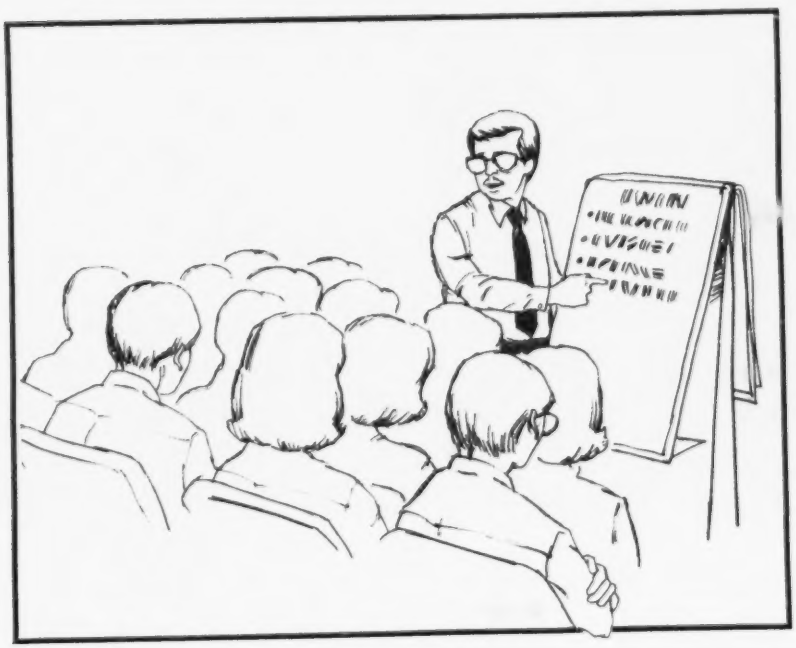
DOT/NHTSA has offered a series of training workshops on the use of the PIPD. They offer much more information on the problem of drunk driving, and on the measures used to deal with it in court systems, than this Guide can cover. Find out if this workshop will be offered in your State or region, and attend it if possible.

Many States are now developing their own systems for standardizing and monitoring treatment for drunk driving offenses. Some of them use all or parts of the PIPD. Find out if your State has such a system and arrange to be trained in it if possible. In some States anyone using the system must be trained in a certification course.

Using this Guide will help you prepare for such training. As we have seen in the Case Study, not all courts and treatment systems use the parts of the PIPD the same way. The problems of alcohol abuse and drunk driving are complex, and the PIPD is only one tool—though an invaluable one—in dealing with them.

4 *Further Questions*

If you have further questions about the use of the PIPD, contact the Office of Alcohol and State Programs of the National Highway Traffic Safety Administration, U.S. Department of Transportation.



Section VIII:

Bibliography

Bibliography

This brief annotated bibliography identifies and describes only the original materials upon which this Guide is based. They are all highly recommended for administrators and senior staff in any program using the PIPD. Copies are available from:

U.S. Department of Transportation
National Highway Traffic Safety Administration
Office of Alcohol Countermeasures
400 Seventh Street, SW
Washington, DC 20590 Mail Code NTS-21
Attention: PIPD Training

Filkins, L.D., Mortimer, R.F., Post, D.V., and Chapman, M.M. Field Evaluation of Court Procedures for Identifying Problem Drinkers. Highway Safety Research Institute, The University of Michigan, Ann Arbor, May 1974.

Reports on the field evaluation of the validity and reliability of the CPIPD tests and the acceptability and practicality of their use in NHTSA's Alcohol Safety Action Projects (ASAPs). Especially useful in identifying confusing or troublesome questions in the tests.

Kerlan, M.W., Mortimer, R.G., Mudge, B., and Filkins, L.D. Court Procedures for Identifying Problem Drinkers, Volume I: Manual. Highway Safety Research Institute, The University of Michigan, Ann Arbor, June 1971.

Contains the original procedural descriptions for using the PIPD. Most of the content of this Guide was drawn from this manual. An essential reference document.

Mudge, B., Kerlan, M.W., Post, D.V., Mortimer, R.G., and Filkins, L.D. Court Procedures for Identifying Problem Drinkers, Volume 2: Supplemental Readings. Highway Safety Research Institute, Ann Arbor, June 1971.

Contains four sections describing Interviewer Qualifications, Questions and Answers on Program Philosophy, Rationale for Selection of Questionnaire *Items, and Consequences of Alcohol Use and Abuse.*

Lower, J.S., Mortimer, R.G., and Filkins, L.D. Court Procedures for Identifying Problem Drinkers, Volume 3: Scoring Keys. Highway Safety Research Institute, The University of Michigan, Ann Arbor, June 1971.

Contains the original scoring keys for the Questionnaire *and* Interview *and directions for using them to classify drinking problems. These are controlled materials, available after obtaining official clearance from the National Highway Traffic Safety Administration. NOTE: These materials have been revised to create the Scoring Keys in this Guide.*

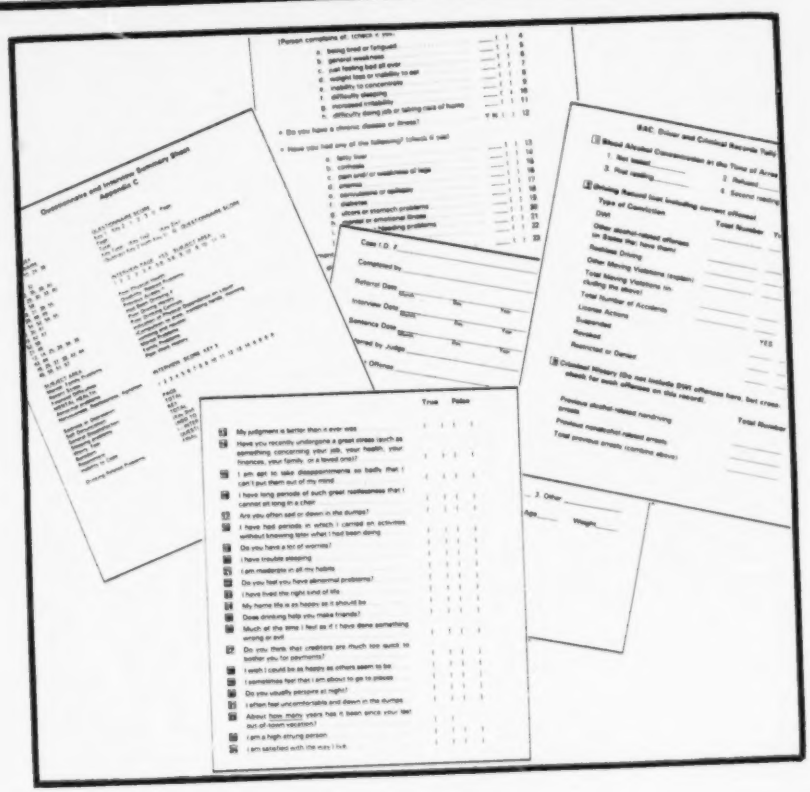
Jacobson, George R. Diagnosis and Assessment of Alcohol Abuse and Alcoholism. U.S. Department of Health, Education, and Welfare, Rockville, Maryland, 1975.

Reviews the techniques available for diagnosing and assessing alcoholism, including the Mortimer-Filkins test, the Michigan Alcoholism Screening Test (MAST), and eleven other instruments.

(No author cited.) Court Intervention: Pre-Sentence Investigating Techniques for Drinking/Driving Offenses, Instructor's Guide and Participant's Manual. National Highway Traffic Safety Administration, U.S. Department of Transportation, Washington, DC (no date).

Contains curriculum and training materials for DOT/NHTSA training workshops on the use of the PIPD. Contains valuable information on the development of the PIPD and on the need for adequate Pre-Sentence Investigation.

Appendices



A: Questionnaire
B: Interview
C: Questionnaire and Interview Summary Sheet
D: BAC, Driving and Criminal Records Tally Sheet
E: Treatment Evaluation Sheet
F: Sample Recommendation Format
G: Work Sheets
H: Evaluation Sheet
I: Administrator's Evaluation Sheet
J: Scoring Keys

Directions

- ***Remove Appendix J: Scoring Keys and store in a secure place until needed.***
- ***Make copies of all Appendices A through H for each person to be trained.***
- ***Make additional copies of Appendices A through I to be used as needed to administer the procedures.***
- ***Store these original Appendices in a secure place after making copies. They are to be used only as masters.***

Appendix A

Name _____

Date _____

Questionnaire

- Before you begin, please print your name and the date at the top of this page.
- Please answer every question.
- Do not spend too much time on each question. We would like your first impressions, so try to answer with the first thing that comes to mind.
- Answer each question in the order that it appears.
- Mark an X or check (✓) for the TRUE (yes) and FALSE (no) questions.
- Whenever you are asked to answer with a number, please put the number in the blank space provided.

  If the event never happened to you, mark zero (0).

  If the event truly does not apply to you, draw a line through the answer spaces.
- There are no right or wrong answers. Give the answer that seems right to you.
- If you have any questions now, please raise your hand.
- If not, please turn the page and begin.
- Raise your hand when you are finished.

[1] What is your present marital status?

1. single
2. separated
3. divorced
4. widowed
5. married

Enter number here ..... (#) _____

[2] With whom do you live?

1. alone
2. with friend(s)
3. with relative(s)
4. with wife (husband)
5. with ex-wife (ex-husband)

Enter number here ..... (#) _____

Appendix A

If You Have Never Been Married Skip to Question Number 6

		True (yes)	False (no)	
3	How many times have you and your wife (husband) seriously considered divorce in the last two years? . .	(#)		_____
4	Does (did) your wife (husband) often threaten you with divorce?	( )	( )	_____
5	Would you say that your wife's (husband's) general health is (was) very good?	( )	( )	_____
6	Are you employed now?	( )	( )	_____
7	Do you smoke?	( )	( )	_____
8	About how many packs of cigarettes do you smoke per week?	( )		_____
9	Were you ever arrested?	( )	( )	_____
10	Are your relatives upset with the way you live?	( )	( )	_____
11	Is your income sufficient for your basic needs? . . .	( )	( )	_____
12	Are you bothered by nervousness (irritable, fidgety or tense)?	( )	( )	_____

		True	False	
13	My judgment is better than it ever was	( )	( )	
14	Have you recently undergone a great stress (such as something concerning your job, your health, your finances, your family, or a loved one)?	( )	( )	
15	I am apt to take disappointments so badly that I can't put them out of my mind	( )	( )	
16	I have long periods of such great restlessness that I cannot sit long in a chair	( )	( )	
17	Are you often sad or down in the dumps?	( )	( )	
18	I have had periods in which I carried on activities without knowing later what I had been doing	( )	( )	
19	Do you have a lot of worries?	( )	( )	
20	I have trouble sleeping	( )	( )	
21	I am moderate in all my habits	( )	( )	
22	Do you feel you have abnormal problems?	( )	( )	
23	I have lived the right kind of life	( )	( )	
24	My home life is as happy as it should be	( )	( )	
25	Does drinking help you make friends?	( )	( )	
26	Much of the time I feel as if I have done something wrong or evil	( )	( )	
27	Do you think that creditors are much too quick to bother you for payments?	( )	( )	
28	I wish I could be as happy as others seem to be	( )	( )	
29	I sometimes feel that I am about to go to pieces	( )	( )	
30	Do you usually perspire at night?	( )	( )	
31	I often feel uncomfortable and down in the dumps	( )	( )	
32	About <u>how many</u> years has it been since your last out-of-town vacation?	( )		
33	I am a high-strung person	( )	( )	
34	I am satisfied with the way I live	( )	( )	

		True	False	
35	Have you ever had your driver's license suspended or revoked?	( )	( )	_____
36	About how many times have you asked for help for your problems (personal, family, marriage, money, or emotional)?	( )		_____
37	Is there a history of alcoholism in your family?	( )	( )	_____
38	Do you have a relative who is an excessive drinker?	( )	( )	_____
39	Are you often depressed and moody?	( )	( )	_____
40	I often feel as if I were not myself	( )	( )	_____
41	I am often afraid I will not be able to sleep	( )	( )	_____
42	Do you often feel afraid to face the future?	( )	( )	_____
43	Drinking seems to ease personal problems	( )	( )	_____
44	How many drinks can you handle and still drive well?	( )		_____
45	In the last year, how many times have you drunk more than you could handle, but still been a good driver when you got behind the wheel?	( )		_____
46	I wish people would stop telling me how to live my life	( )	( )	_____
47	I often am afraid without knowing why I am afraid	( )	( )	_____
48	At times I think I am no good at all	( )	( )	_____
49	Do you feel sinful or immoral?	( )	( )	_____
50	A drink or two gives me energy to get started	( )	( )	_____
51	Does drinking help you work better?	( )	( )	_____
52	My daily life is full of things that keep me interested	( )	( )	_____
53	I often have feelings of vague restlessness	( )	( )	_____
54	My friends are much happier than I am	( )	( )	_____
55	I often pity myself	( )	( )	_____
56	Would you say that 4 or 5 drinks affect your driving?	( )	( )	_____
57	I feel tense and anxious most of the time	( )	( )	_____
58	Are you often bored and restless?	( )	( )	_____

Appendix B:

Interview

Appendix B: Interview

To the Interviewer: Recording the Responses

- Use a RED pen or pencil to mark the items for ease of scoring.
- Record your judgment for each item, and be sure that all items are completed.
- Draw a line through Y if yes, N if no.
- Place appropriate number or check in the blank space at the end of the item.
- In the parentheses after the blank space:
  a) Draw a vertical line "I" through the parentheses if the question is not applicable (NA).
  b) Write (R) if client refuses to respond.

Sample Instructions

The following paragraph is a suggested explanation to offer an offender as to why the interview is being conducted. Rather than reading the material try to put it into your own words:

"One purpose of the court's sentence is to try to keep the offense from happening again, and if possible, to try to eliminate the causes of the problem. If this can be done, it will be in your best interest as well as those of others. This interview will be used to find the extent of your drinking and the situations surrounding it. Your answers will be used to help in deciding what kinds of sentencing or treatment will be most helpful. Your frankness and cooperation are important for finding the most fair and effective way of dealing with you."

Appendix B

Case I.D. #_____

Completed by_____

Referral Date _____
Month Day Year

Interview Date _____
Month Day Year

Sentence Date _____
Month Day Year

Referred by Judge_____

Current Offense _____

Name _____
Last First Middle or Maiden

Address _____
No. Street City Zip

Phone No. _____ Driver's License No. _____

Sex 1. Male __ 2. Female __

Race 1. White __ 2. Black __ 3. Other _____

Date of Birth _____ Age_____ Weight_____
Month Day Year

- How far have you gone in school?

1. None
2. 7 grades or less
3. 8-11 grades
4. 12 grades or diploma
5. Completed business or trade school
6. 1-3 years college
7. 4 years college
8. Post-graduate work
9. Not known

(Put # in space at right) ____ 1 ____

Health

- How is your general health?

1. better than average or very good, excellent .....
2. average or good ..... (R)
3. less than average, fair, poor, bad .....

(Put # in space at right) ..... ____ ( ) 2 ____

(If less than average): What are the problems? ____ ( ) 3 ____

_____

_____

(If less than average): What are the problems? ____ ( ) 3

_____

_____

[Person complains of: (check if yes)

a. being tired or fatigued ..... ____ ( ) 4
b. general weakness ..... ____ ( ) 5
c. just feeling bad all over ..... ____ ( ) 6
d. weight loss or inability to eat ..... ____ ( ) 7
e. inability to concentrate ..... ____ ( ) 8
f. difficulty sleeping ..... ____ ( ) 9
g. increased irritability ..... ____ ( ) 10
h. difficulty doing job or taking care of home .. ____ ( ) 11

- Do you have a chronic disease or illness? ..... Y N ( ) 12

- Have you had any of the following? (check if yes)

a. fatty liver ..... ____ ( ) 13
b. cirrhosis ..... ____ ( ) 14
c. pain and/or weakness of legs ..... ____ ( ) 15
d. anemia ..... ____ ( ) 16
e. convulsions or epilepsy ..... ____ ( ) 17
f. diabetes ..... ____ ( ) 18
g. ulcers or stomach problems ..... ____ ( ) 19
h. mental or emotional illness ..... ____ ( ) 20
i. any severe bleeding problems ..... ____ ( ) 21
j. pancreatitis ..... ____ ( ) 22

Other mentioned_____ ____ ( ) 23

- Are you disabled or do you have any physical defects? Y N ( ) 24

(If yes): What?_____ ( ) 25

_____

Appendix B

[The handicap limits adjustment or ability to perform: (check if yes)	(I) (or) (R)		
a. in job situation	____	( ) 26	_____
b. in friendships or in a social setting	____	( ) 27	_____
c. in family situation	____	( ) 28	_____
The person has made an adequate emotional adjustment to the handicap	____	( ) 29	_____
The person is using the handicap as an excuse for drinking or as an excuse for family or job problems.]	____	( ) 30	_____
• Have you had a serious injury or illness in the past?	Y N	( ) 31	_____
(If yes): What was its nature?_____		( ) 32	_____
_____			
Are your completely well from this(these)?	Y N	( ) 33	_____
_____			

Arrests
Ask The Next Question Only If This Contact Resulted From An Arrest.

_____

• What were you doing that called you to the attention of the police?	( ) 34	_____
_____		
_____		
_____		

[Specific behaviors mentioned:
(check if yes)

a. drunk or impaired driving ..... ___ ( ) 35 _____
b. car accident ..... ___ ( ) 36 _____
c. asleep in or near car ..... ___ ( ) 37 _____
d. fighting or argument ..... ___ ( ) 38 _____
e. staggering ..... ___ ( ) 39 _____
f. molesting or bothering people ..... ___ ( ) 40 _____
g. noise making ..... ___ ( ) 41 _____
h. other _____ ___ ( ) 42 _____

In The Following Questions Exclude The Arrest Leading To This Contact, If Any

_____

- Have you ever been arrested for driving while intoxicated, driving under the influence of liquor or for impaired driving? Y N ( ) 43 _____

  (If yes): How many times? #__ ( ) 44 _____

- Have you ever been arrested for being drunk and disorderly or for public intoxication? Y N ( ) 45 _____

  (If yes): How many times? #__ ( ) 46 _____

  Was driving related to any of these? Y N ( ) 47 _____

  (If yes): In how many instances? #__ ( ) 48 _____

	(I) or (R)		
• Have you ever been arrested for reckless driving?	Y N ( )	49	_____
(If yes): How many time:	#__ ( )	50	_____
Was this ever reduced from the original charge?	Y N ( )	51	_____
(If yes): What was the original charge?_____	( )	52	_____
(Was the original charge DWI?)	Y N ( )	53	_____
• Have you ever been arrested for anything else?	Y N ( )	54	_____
(If yes): How many times and for what?_____			
Kinds of offenses			
Crimes involving property	#__ ( )	55	_____
Crimes of personal assault	#__ ( )	56	_____
Crimes involving sex	#__ ( )	57	_____
Other (list) _____	#__ ( )	58	_____

_____

_____

Ask Questions A, B, C If Person Has a Previous Record

_____

• A. How old were you at the time of your first arrest?	(years)	____ ( )	59	_____
• B. How long has it been since your last arrest?	(years)	____ ( )	60	_____
• C. Are you currently on probation?		Y N ( )	61	_____
(If yes): Is non-drinking part of the probation?		Y N ( )	62	_____

	(I) or (R)	
• While driving have you ever been stopped by police but not ticketed, when you knew you had been drinking too much?	Y N ( ) 63	_____
• Has your driver's license ever been suspended or revoked	Y N ( ) 64	_____
(If yes): How many times?	#__ ( ) 65	_____
Was drinking related to the suspension(s) or revocation(s)?	Y N ( ) 66	_____
• Do you have a valid license now?	Y N ( ) 67	_____

Drinking Habits And Patterns

• Do you feel that drinking is causing any problems in your life?	Y N ( ) 68	_____
(If yes): Can you tell me what these problems are?		
_____	( ) 69	_____
_____		
[Problems mentioned: (check if yes)		
a. marriage	____ ( ) 70	_____
b. job or employment	____ ( ) 71	_____
c. health	____ ( ) 72	_____
d. court .....]	____ ( ) 73	_____
• Do you feel that you always drink like a social drinker?	Y N ( ) 74	_____
(If no): How do you differ from the social drinker? (frequency and amount)		
_____		
_____		

		(I) or (R)	
[Differs from a social drinker in the following ways? (check if yes)			
a. drinks more frequently		___ ( ) 75	_____
b. drinks greater quantity when drinking		___ ( ) 76	_____
c. feels worse after drinking		___ ( ) 77	_____
d. has a compulsion to drink		___ ( ) 78	_____
e. drinks at unusual times		___ ( ) 79	_____
f. other _____]		___ ( ) 80	_____
• Do you ever find that you drink more than you had intended to drink?		Y N ( ) 81	_____
• Do you usually drink every day?		Y N ( ) 82	_____
(If no): How many days a week do you usually drink?		#__ ( ) 83	_____
(If every day, record 7; if less than one a week, record 1; if weekends, only record 2.)			
• Do you usually drink four or more drinks at one sitting?		Y N ( ) 84	_____
• What kind of drinks are these? _____		( ) 85	_____
_____ (double martini, boilermaker, straight shots, etc.)			
• Where do you usually do your drinking? (check if yes)			
a. own home		___ ( ) 86	_____
b. friend's home		___ ( ) 87	_____
c. party		___ ( ) 88	_____
d. bar or lounge		___ ( ) 89	_____
e. restaurant		___ ( ) 90	_____
f. other (list) _____		___ ( ) 91	_____
• With whom do you usually drink? (check if yes)			
1. alone		___ ( ) 92	_____
2. spouse		___ ( ) 93	_____
3. casual drinking companions		___ ( ) 94	_____
4. friends		___ ( ) 95	_____
5. other (list) _____		___ ( ) 96	_____

	(I) or (R)	
• Have you gone on a drinking spree or binge in the last five years?	Y N ( ) 97	_____
• Do you ever get the feeling that you "NEED" or "REALLY WANT" a drink?	Y N ( ) 98	_____
(If yes): When do these feelings occur? _____		
_____		
Has it ever happened after you have gone to bed?	Y N ( ) 99	_____
Do you ever feel this way before noon?	Y N ( ) 100	_____
[Client states need for drink] when: (check if yes)		
a. angry	____ ( ) 101	_____
b. depressed	____ ( ) 102	_____
c. lonely	____ ( ) 103	_____
d. happy	____ ( ) 104	_____
e. tense or nervous]	____ ( ) 105	_____
f. with friends	____ ( ) 106	_____
g. things go wrong	____ ( ) 107	_____
h. at parties	____ ( ) 108	_____
i. at certain times of day	____ ( ) 109	_____
j. other (list) _____]	____ ( ) 110	_____
• Have you ever hidden a bottle of liquor?	Y N ( ) 111	_____
• Do you drink to feel less self-conscious and more at ease around people?	Y N ( ) 112	_____
• Do you ever feel that it is easier to start something after you have had a drink?	Y N ( ) 113	_____
• Does drinking sometimes give you courage or self-confidence?	Y N ( ) 114	_____
• Do you feel more quarrelsome or angry after you have had several drinks?	Y N ( ) 115	_____

	(I) or (R)	
• Have you been told that you become rowdy or noisy when you have had too much to drink?	Y N ( ) 116	_____
• Have you ever destroyed property or gotten into a physical fight when you were drinking?	Y N ( ) 117	_____
• Have you ever thought about cutting down on drinking?	Y N ( ) 118	_____
• Have you ever felt bad or guilty about drinking?	Y N ( ) 119	_____
• Have any of your friends or members of your family suggested that you watch or cut down on drinking?	Y N ( ) 120	_____
• Have you ever been treated for drinking?	Y N ( ) 121	_____
(If yes): When? _____	( ) 122	_____
• Have you ever taken medicine or pills other than aspirin to help sober up?	Y N ( ) 123	_____
• Have you ever found that you can't remember or wonder what you did the night before, when you were drinking?	Y N ( ) 124	_____
• Did you ever fall or seriously injure yourself when you were drinking?	Y N ( ) 125	_____
• After drinking the night before, have you ever decided not to go to work the next morning?	Y N ( ) 126	_____
(If yes): How many times a year does this happen?	#__ ( ) 127	_____
• Have you ever found that your hands shake and tremble in the morning?	Y N ( ) 128	_____
• Have you ever vomited or been very sick to your stomach, not while drinking, but the morning after drinking?	Y N ( ) 129	_____
• Do you ever drink in the morning before breakfast or before going to work?	Y N ( ) 130	_____
• Do you feel that your health would be better if you decreased or stopped drinking?	Y N ( ) 131	_____

	(I) or (R)	
• Do you ever take tranquilizers, anti-depressant or pep-up pills?	Y N ( ) 132	_____
• Have you ever been told that your drinking was injuring your liver?	Y N ( ) 133	_____
• Have you ever had bad stomach or abdominal pain?	Y N ( ) 134	_____
(If yes): Did this occur after drinking?	Y N ( ) 135	_____

Family Life

- What is your marital status? (Read choices to person)

1. married
2. single
3. windowed
4. separated
5. divorced

(Put # in space at right, and go the the corresponding section below.) ____ ( ) 136 _____

If Married

• How long have you been married?	(years)	____ ( ) 137	_____
• Have you ever been married before?		Y N ( ) 138	_____
(If yes): How many times?		#__ ( ) 139	_____
• Do you and your (present) wife/husband get along pretty well?		Y N ( ) 140	_____
• Do you ever have arguments about drinking?		Y N ( ) 141	_____
• Do you have any children at home?		Y N ( ) 142	_____
(If yes): Do you have any serious problems with them?		Y N ( ) 143	_____
• Are there any (other) family problems?		Y N ( ) 144	_____
(If yes): What? _____		( ) 145	_____

Appendix B

		(I) or (R)	
If Single			
• Have you ever been married?		Y N ( ) 146	_____
(If yes): How many times?		#__ ( ) 147	_____
• Do you: (check if yes)			
1. Go out mainly with one person		____ ( ) 148	_____
2. Go out with several people in a casual way .		____ ( ) 149	_____
3. Not go out with anyone		____ ( ) 150	_____
• Do you find that you drink more than your friends?		Y N ( ) 151	_____
• Has drinking interfered with any marriage plans?		Y N ( ) 152	_____
If Widowed			
• How long have you been widowed?	(years)	Y N ( ) 153	_____
• Have you been married more than once?		Y N ( ) 154	_____
(If yes): How many times?		#__ ( ) 155	_____
• Are there any children at home?		Y N ( ) 156	_____
(If yes): Do you have any serious problems with them?		Y N ( ) 157	_____
• Has your drinking increased since you lost your wife/ husband?		Y N ( ) 158	_____
• Are you alone most of the time?		Y N ( ) 159	_____
If Separated or Divorced			
• How many times were you married?		#__ ( ) 160	_____
• Were there any children?		Y N ( ) 161	_____
(If yes): Do you have any serious problems with them?		Y N ( ) 162	_____
• Did you have family arguments over drinking?		Y N ( ) 163	_____
• Has your drinking increased since the separation or divorce?		Y N ( ) 164	_____
• Are you alone most of the time?		Y N ( ) 165	_____

(I)
or
(R)

Work

- Have you ever been fired? Y N ( ) 166 _____
  (If yes): Why? _____ 167 _____
- Are you presently employed? Y N ( ) 168 _____

  (If respondent is female and answers negatively, ask if she considers herself a housewife or homemaker. If she is a housewife, ask her the "If Employed" questions that follow.)

If Employed

- What is your present job? (Title plus description) ( ) 169 _____

  _____

  _____
  (Such as carpenter, clerk in grocery store, housewife, etc.)
- How long have you had this job? (years) ____ ( ) 170 _____
- How good do you think your work is at your present job?

  1. excellent
  2. good
  3. fair or poor

  (Put # in space at right) ..... ____ ( ) 171 _____

If Unemployed

- Why are you unemployed? _____ 172 _____

  Reason for unemployment: (check if yes)

  a. laid off previous job ..... ____ ( ) 173 _____
  b. fired ..... ____ ( ) 174 _____

	(I) or (R)	
c. strike	____ ( ) 175	____
d. illness	____ ( ) 176	____
e. other _____	____ ( ) 177	____

- Did drinking contribute to your job loss? Y N ( ) 178 ____

- Have you had any problems with your jobs) in the last 3 years? Y N ( ) 179 ____

(If yes): What kinds of problems are (were) they? (check if yes)

1. occasional friction with fellow workers or boss	____ ( ) 180	____
2. frequent friction with fellow workers or boss	____ ( ) 181	____
3. occasional trouble with work	____ ( ) 182	____
4. serious difficulty doing work, or accidents	____ ( ) 183	____
5. occasional absence	____ ( ) 184	____
6. frequent absences	____ ( ) 185	____
7. difficulty finding employment	____ ( ) 186	____
8. Other _____	____ ( ) 187	____

- What is your main source of support?

0. none
1. salary
2. income other than salary
3. family/friend
4. savings, pension
5. disability benefits, social security
6. unemployment insurance
7. public assistance
8. other _____

(Put # in space at right) ____ ( ) 188 ____

(I)
or
(R)

- About how much was your total family income in the past year? (gross)

  1. $0 - $4,999
  2. $5,000 - 9,999
  3. $10,000 - 14,999
  4. $15,000 - 19,999
  5. $20,000 - 24,999
  6. $25,000 - 34,999
  7. $35,000 - 49,999
  8. $50,000 and above

  (Put # in space at right) ____ ( ) 189

  How many children and adults are living on this income?

  children #__ ( ) 190

  adults (18+) #__ ( ) 191

- How many large debts do you have? ..... #__ ( ) 192

Social Life

- Do you have close friends that you can confide in?

  (check if yes)

  1. has no friends ..... ____ ( ) 193
  2. has only casual acquaintances ..... ____ ( ) 194
  3. has close friends (one or more) ..... ____ ( ) 195

- Would you describe yourself as being lonely a good deal of the time? ..... Y N ( ) 196
- Do you feel that your life is difficult to manage and you are not sure how to straighten it out? ..... Y N ( ) 197
- Do you feel that you are a problem drinker? ..... Y N ( ) 198

Appendix B

Interviewer's Initial Diagnosis
(This Section Can Be Filled In After The Interview Is Over)

- Drinking pattern:
  - Has person previously exhibited a pattern of controlled drinking? ..... Y N ( ) 199 _____
  - How experienced is this person at drinking? (Select a value from 1, very inexperienced, . to 5, very experienced) ..... #__ ( ) 200 _____

- Interviewer's conclusions:
  - Do you feel that this drinking situation was unique and unlikely to happen again? ..... Y N ( ) 201 _____
  - Did the person give you evidence of a past behavior pattern of heavy drinking? ..... Y N ( ) 202 _____
  - Do you feel that without any therapeutic intervention he or she is likely to repeat this drinking behavior within the next 5 years? .. Y N ( ) 203 _____

- Problem diagnosis:
  1. person has no problems related to drinking
  2. person has a temporary drinking problem
  3. person has a long standing drinking problem

  (Put # in space at right) ..... ____ ( ) 204 _____

- Interview's physical observation of client: (check if yes)
  - a. looks older than stated age ..... ____ ( ) 205 _____
  - b. looks ill ..... ____ ( ) 206 _____
  - c. has a hand tremor ..... ____ ( ) 207 _____
  - d. has bloodshot or glassy eyes ..... ____ ( ) 208 _____
  - e. has a flushed face ..... ____ ( ) 209 _____
  - f. has language difficulty ..... ____ ( ) 210 _____
  - g. appears to be markedly below average in intelligence ..... ____ ( ) 211 _____
  - h. nicotine stains or blisters on fingers ..... ____ ( ) 212 _____

Appendix C

Questionnaire and Interview Summary Sheet

NAME _____ CASE# _____

QUESTIONNAIRE	YES	SUBJECT AREA
1, 3, 4, 5, 10, 24, 38		Marital, Family Problems
14		Recent Stress
6, 11, 27, 32		Financial Difficulties
		MENTAL HEALTH
9, 18, 22, 35, 36, 40		Abnormal problems
12, 16, 29, 30, 33, 40 53, 57, 58		Nervousness, Restlessness, Agitation
17, 28, 31, 39, 55		Sadness or Depression
23, 26, 48, 49		Self Denunciation
28, 34, 52, 54, 55		General Dissatisfaction
20, 30, 41		Sleeping problems
19, 42, 47		Worry, Fear
52, 58		Boredom
27, 46		Resentment
12, 14, 25, 29, 34, 36 43, 44		Inability to Cope
18, 25, 37, 38, 43, 44 45, 50, 51, 57		Drinking-Related Problems

QUESTIONNAIRE SCORE		Page 1	Page 2	Page 3	Page Total	Key Total
	Key 1					(Key 1)x2 =
	Key 2	0				(Key 2)x1 =
	(Subtract Key 2 from Key 1)				Q = QUESTIONNAIRE SCORE =	

INTERVIEW PAGE	YES	SUBJECT AREA
1, 2		Poor Physical Health
2		Disability: Related Problems
3		Previous Arrests #_____
		Had Been Drinking #_____
3, 4		Poor Driving History
5-8		Poor Drinking Controls
5-8		Indication of Physical Dependence on Liquor (Compulsion to drink; trembling hands, morning vomiting and nausea)
9, 10		Marital Problems
9, 10		Family Problems
11, 12		Poor Work History

INTERVIEW SCORE	1	2	3	4	5	6	7	8	9	10	11	12	13	14	PAGE TOTAL	KEY TOTAL
		0								0	0	0				(Key 3)x4
															I = INTERVIEW SCORE	
	(ADD TO I SCORE)														QUESTIONNAIRE SCORE	
KEY 3															FINAL TOTAL SCORE = Q&I =	

Appendix D

BAC, Driver and Criminal Records Tally Sheet

[1] Blood Alcohol Concentration at the Time of Arrest:

1. Not tested_____ 2. Refused_____

3. First reading_____ 4. Second reading_____

[2] Driving Record (not including current offense)

Type of Conviction	Total Number	Years	BAC
DWI	_____	_____	___ %
Other alcohol-related offenses (in States that have them)	_____	_____	___ %
Reckless Driving	_____	_____	___ %
Other Moving Violations (explain)	_____	_____	___ %
Total Moving Violations (including the above)	_____	_____	___ %
Total Number of Accidents	_____	_____	___ %
License Actions		YES	NO
Suspended		_____	___ %
Revoked		_____	___ %
Restricted or Denied		_____	___ %

[3] Criminal History (Do not include DWI offenses here, but cross-check for such offenses on this record).

	Total Number
Previous alcohol-related nondriving arrests	_____
Previous nonalcohol-related arrests	_____
Total previous arrests (combine above)	_____

Appendix E: Treatment Evaluation Sheet

After using the Questionnaire and Interview Summary Sheet to summarize the person's problems, use the Treatment Evaluation Sheet (sample below) to check off the kinds of treatment you feel would be most appropriate for the defendant. Then make a note of the specific agencies you think could handle those treatment needs.

Treatment Needs (Check one or more as needed)	**Treatment Agencies**
____Further Diagnosis	_____
____Alcoholism Treatment	_____
____Alcohol Education	_____
____Mental Health Care	_____
____Family Counseling	_____
____Marriage Counseling	_____
____Financial Assistance	_____
____Job Training	_____
____Employment	_____
____Living Arrangements	_____
____Legal Aid	_____
____Driver Re-Training	_____
____Doctor Care	_____
____Physical Therapy	_____
____Other	_____

Appendix F: Sample Recommendation Format

[1] Name: _____

Address: _____

_____

_____

[2] Case Number and Present Charge: _____

_____

[3] Sentence Information: _____

_____

[4] Relevant Data for Referral: _____

_____

a. BAC at time of arrest: _____

b. Prior Alcohol Related Offenses: _____

_____

_____

c. Contacts With Social Agencies Regarding Alcohol Problems: _____

_____

_____

Appendix F

Interviewer's Report

Name:_____ Date:_____

Case Number:_____

To: (Agency/Court)

I hereby certify that a screening procedure has been administered to the above-named person, and combined with other relevant information gained in the interview conducted on _____
(date)

The above-named person has been judged to be a _____
_____. ***It is therefore***
(Social, Borderline, or Problem Drinker)

recommended that this person attend the following treatment:

	Start Date
_____	_____
_____	_____
_____	_____
_____	_____

Respectfully submitted,

_____ _____
(Signature of Interviewer)

Note: Additional relevant information may be attached, including statements quoted from the Interview.

5 Employment Record: _____

_____

_____

_____

6 Recommendation: _____

_____

_____

_____

7 Reason for Recommendation: _____

_____

_____

_____

Appendix G: Work Sheet I-Overview

Pretraining Quiz

1. ___ 2. ___ 3. ___ 4. ___ 5. ___ SCORE:___

6. ___ 7. ___ 8. ___ 9. ___ 10. ___

List of Criteria for Screening/Assessment Procedures

	Yes	No
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Posttraining Quiz

1. ___ 2. ___ 3. ___ 4. ___ 5. ___ SCORE:___

6. ___ 7. ___ 8. ___ 9. ___ 10. ___

Appendix G: Worksheet II-Questionnaire

Pretraining Quiz

1. ___ 2. ___ 3. ___ 4. ___ 5. ___ SCORE:___

6. ___ 7. ___ 8. ___ 9. ___ 10. ___

First Practice Task

Preliminary Assessment: _____

_____

Comments: _____

_____

_____

_____

Second Practice Task

Ongoing Assessment:_____

_____

Comments: _____

_____

_____

_____

Posttraining Quiz

1. ___ 2. ___ 3. ___ 4. ___ 5. ___ SCORE:___

Appendix G: Worksheet III-Interview

Pretraining Quiz

1. ___ 2. ___ 3. ___ 4. ___ 5. ___ SCORE:___

6. ___ 7. ___ 8. ___ 9. ___ 10. ___

First Practice Task

Preliminary Assessment: _____

_____

Comments: _____

_____

_____

_____

Second Practice Task

Ongoing Assessment:_____

_____

Comments: _____

_____

_____

_____

Posttraining Quiz

1. ___ 2. ___ 3. ___ 4. ___ 5. ___ SCORE:___

Appendix G: Worksheet IV-Critical Records

Pretraining Quiz

1. ___ 2. ___ 3. ___ 4. ___ 5. ___ SCORE:___

6. ___ 7. ___ 8. ___ 9. ___ 10. ___

First Practice Task

Preliminary Assessment: _____

_____

Comments: _____

_____

_____

_____

Second Practice Task

Ongoing Assessment:_____

_____

Comments: _____

_____

_____

_____

Posttraining Quiz

1. ___ 2. ___ 3. ___ 4. ___ 5. ___ SCORE:___

Appendix G: Worksheet V-Treatment Recommendations

Pretraining Quiz

1. ____ 2. ____ 3. ____ 4. ____ 5. ____ SCORE:____
6. ____ 7. ____ 8. ____ 9. ____ 10. ____

Posttraining Quiz

1. ____ 2. ____ 3. ____ 4. ____ 5. ____ SCORE:____

Appendix H
Evaluation Sheet

How effective was this Self-Instructional Guide in preparing you to use the PIPD?

Please rate each training step, and the whole Guide, from 0 to 100, and explain your ratings.

_____

1 Objectives and Preparation **Rating**_____

_____

Comments: _____

_____

_____

_____

2 Pretraining and Posttraining Quizzes **Rating**_____

_____

Comments: _____

_____

_____

_____

3 Introductions **Rating**_____

_____

Comments: _____

_____

_____

_____

4 Practice Tasks **Rating**_____

_____

Comments: _____

_____

_____

_____

5 Case Study **Rating**_____

_____

Comments: _____

_____

_____

6 Self-Evaluations Rating_____

_____

Comments: _____

_____

_____

_____

7 Total Guide Rating_____

_____

Comments: _____

_____

_____

_____

Appendix I
Administrator's Evaluation Sheet

Directions: Make copies from this master sheet. Please complete one of these evaluation sheets each time you use the Guide for training, and once after you have been using the Guide and the PIPD for six months. Fold, seal, and mail the completed sheet to the address on the reverse side.

Name and Address of Your Organization:

_____

_____

Name and Title of Training Administrator:

_____

Date_____ Number of This Training Session _____

Number of Persons Trained_____ Mode: Individual_____ Group_____

How well has this Guide prepared your staff to use the PIPD?

_____

_____

_____

_____

best copy available

How effective is the PIPD in meeting the needs of your program?

_____

_____

_____

_____

How could the PIPD and the Guide be improved?

_____

_____

_____

_____

_____

_____

_____

U.S. DEPARTMENT OF TRANSPORTATION
NATIONAL HIGHWAY TRAFFIC SAFETY ADMINISTRATION
OFFICE OF ALCOHOL COUNTERMEASURES
MAIL CODE NTS-21
ROOM 5130
400 SEVENTH STREET, S.W.
WASHINGTON, D.C. 20590

ATTENTION: PIPD TRAINING

Appendix J
Scoring Keys

Controlled Materials

Keep these scoring keys in a secure place and assure that only qualified staff have access to them. Return them to secure storage after each use. Count each template before and after each use to assure that none are missing. You may want to make a reserve set, or order more from DOT/NHTSA, especially if you are training more than two staff at a time.

This Appendix includes 3 scoring keys:

- Key 1: Questionnaire [4 Templates]
- Key 2: Questionnaire [2 Templates]
- Key 3: Interview [11 Templates]